MEDICAL LIBRARY

JUN 23 1947

The Journal of the South Carolina Medical Association

JUNE, 1947 VOL. XLIII, NO. 6

Article	Author	Page
President's Address	James McLeod, M. D.	157
Experiences at Bikini with Comments on Nuclear Energy in Medicine	Eugene P. Pendergrass, M. D.	159
A Public Health Program Importation of Diseases in Postwar America—Part II.	David Dean Brockman, M. D.	164

Editorials—The Ten Point Program—Correspondence—News Items—Woman's Auxiliary Deaths

BACKGROUND

Three Decades of Clinical Experience

THE use of cow's milk, water and carbohydrate mixtures represents the one system of infant feeding that consistently, for three decades, has received universal pediatric recognition. No carbohydrate employed in this system of infant feeding enjoys so rich and enduring a background of authoritative clinical experience as Dextri-Maltose.

DEXTRI-MALTOSE No. 1 (with 2% sodium chloride), for normal babies.

DEXTRI-MALTOSE No. 2(plain, salt free), permits salt modifications by the physician.

DEXTRI-MALTOSE No. 3 (with 3% potassium bicarbonate), for constipated babies.

These products are hypo-allergenic.

DEXTRI-MALTOSE

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons

Mead Johnson & Company, Evansville, Ind., U. S. A.

"the knife" and the fork

"...the physiological state of the patient affects the mortality and morbidity of surgical practice as much or more than the correctness or skillfulness of that practice."[1] For that reason the fork must share with the scalpel the responsibility of favorable prognosis. The food the patient eats contributes greatly to the outcome of an operation. Faulty diet and a resultant avitaminosis make surgery more hazardous and impede recovery. For pre- or postoperative supplementation and therapy, Upjohn vitamins afford a full range of high-potency oral and parenteral formulas.

1. Surg., Gynec. and Obst. 74:390 (Feb. 16) 1942

Upjohn
KALAMAZOO 99 MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

UPJOHN VITAMINS

OFFICE OF PUBLICATION: 105 WEST CHEVES STREET, FLORENCE, SOUTH CAROLINA

Entered as second-class matter February 9, 1916, at the post office at Greenville, South Carolina, under Act of Mar. 3, 1879. Accepted for mailing at special rate of postage provided for in Sec. 1103 Act of October 3, 1917, authorized Aug. 2, 1918.

The Journal
of the
South Carolina Medical Association

VOLUME XLIII June, 1947 NUMBER 6

President's Address

JAMES MCLEOD, M. D., FLORENCE, S. C.

As we gather for this, the ninety-ninth annual meeting of the Medical Association of South Carolina, I have the distinct feeling that we, this Association, the medical profession of the state and of this nation, are on the eve of the most momentous days of its history.

There have been times in the past when we could well afford to devote our efforts to purely scientific activities, to the practice of our profession, and to the research and additional specialized training necessary or desirable to keep abreast of current developments in connection with medical care. To many or us, that is the end and all of the practice of medicine. The public has profited by that attitude, by the professional zeal and devotion to duty of the members of this Association.

And it must not be diminished! The interest of the doctor in his patient, his zeal for the patient's welfare, and his determination that those who have entrusted themselves to his care shall have the best that medical science and professional skill can offer, must not be reduced in any degree. That, gentlemen, is our first and most vital duty and sacred obligation to our fellow-citizens.

But circumstances have arisen within the past few years which have made it necessary for the doctor to think also of other things. He has been accustomed, through the very nature of his professional practice, to think of people as individuals, each with a separate problem, to be studied, diagnosed and treated according to the condition of the individual and his particular requirements. This habit of thinking of people as individuals has become second nature to the practicing physician, and is the basis of one of the finest and most highly cherished human relationships outside church and family ties.

Today the physician-patient relationship is threatened as it has not been before in America. Threatened, not because of any failure on its part, nor because it has been outmoded by modern developments or scientific progress. It is threatened, primarily, because of the determination on the part of some misguided individuals, affected with a mass psychology, who seem unwilling or unable to think of people as individuals, or other than as minions of an all-powerful and supposedly benevolent government.

Some of those who advocate a system of compulsory medical care insurance controlled and administered by government, I am convinced, are sincere individuals. But, I have little doubt—the evidence is too strong—that what is proposed for the medical profession is actually a sample of what is in store for our whole political and economic system, if the movement is permitted to continue and develop as its planners and sponsors desire. It is a part of the same threat which the Chief Executive of this nation has sought to meet through the proposal of aid to Greece and Turkey. It is a part of the same threat which prompted the effort to root out Communists from among the officials and employees of our Government. Let us hope the threat was recognized in time. And I predict that among those eliminated will be some of the most ardent advocates of state medicine.

Circumstances—not its own choice—have placed our profession in the vanguard of the forces which uphold the traditional American way of life. The medical profession has a duty to perform which, if left undone, may well mean the difference between Democracy and Totalitarian government. In order to discharge that duty there must be a change in our manner of thinking. While we cannot forget the people as individuals, we must learn to include the public in our thought also in terms of the *whole* body of the citizens of the state and of the nation. We must feel our responsibility and recognize our obligation to the people, not only individually but collectively as well.

Some will say, "Why should so much be expected of the medical profession? Are not the doctors, through

---

(Delivered at annual meeting, May 7, Myrtle Beach, S. C.)

their long years of training and study, their devotion to duty, the sacrifice of personal convenience incident to the practice of medicine, sufficient contribution to the welfare of the race?" But you recall the parable of the talents. Of those to whom much is given, much will be expected. *Because* of your training, your experience, your intimate relationship with people, your position of *leadership* in your community, the *respect* accorded you by your fellow-citizens and the *dignity* of your profession, your responsibility to the state and to the nation is far greater than that of many other groups.

And I think the time has come when the South Carolina Medical Association must rise *above* self-interest as the motive of its official action. The same is true of the American Medical Association and other component parts of organized medicine in America. This year the national organization celebrates its Centennial. In 1948, just one year hence, in historic Charleston, the cradle of organized medicine in South Carolina, we celebrate ours! I think the keynote of these celebrations might well be the dedication of the medical profession to its new responsibility and its proper relationship with the public as a whole. There has already been progress in this direction but it must be accelerated!

Public relations is a term that has come to be frequently used among us within the past two years. And public relations is not simply a matter of cultivating the good will of the public. No doubt the term—not our use of it—originated in some such thought, but the true conception of public relations, it seems to me, lies in a sense of responsibility to the public and the determination to perform a public duty. When that conception is fully realized and activated, the good will of the people toward the profession as a whole and its members will come as a matter of course.

That has been the basis of our program in South Carolina. We have not devoted a great deal of time to simple publicity methods. We have undertaken a series of positive, progressive projects designed to help extend medical care and make it more readily available to all the people. These efforts should be continued, and as rapidly as possible. The vast potential strength of the Women's Auxiliary must be called upon more and more for its invaluable assistance toward our objective.

The Women's Auxiliary has grown greatly during the past year, and in my opinion is the one medium that can help more than any other in educating the public about medical care; and also can properly disseminate the information about legislation that will be detrimental to the profession and the public alike. Our Director of Public Relations is now publishing a Bulletin quarterly—that is being sent to each member of the Auxiliary. This will keep them informed about matters of medical care—both potential and actively in process—as well as destructive factors that loom so omniously from so many sides. The Women's Auxiliary should be greatly encouraged by the profession, and if it is, it can be developed into one of the most powerful agents for the preservation of voluntary medical care as now exists. The Auxiliary is more interested in our profession than any other group—and if we fail to encourage and utilize that interest, I do not see why we should expect the interest of any other group.

There are among you a gerat many only recently returned from answering the call to duty in war. You have scarcely had time to readjust yourselves to the practice of your profession, and the financial and other sacrifices you have made, you will not soon forget. Some of our number paid the supreme sacrifice. It is with the feeling of one who approaches a sacred shrine that I would pay tribute to those honored ones who will not return and to you who likewise offered and would have given your all in patriotic devotion to duty.

But mere words are so inadequate as an expression of the sense of gratitude we feel, to those who served. There should be some memorial of permanence to honor them. Nor do I think that any monument or other structure of stone or steel will suffice. As I said when I had the honor of addressing the Greenville County Medical Society a short time ago: The greatest honor we can do those whom we seek to honor is to accept the challenge which the times present—to our profession as to no other group—the challenge to safeguard the victory that has been won by our fighting men—for American liberty, individual freedom of thought and action. Let us here dedicate ourselves to the preservation of those things, as *our memorial* to the bravery, the skill and devotion to duty of those who served and fought, and of those who died.

If I may paraphrase familiar lines: "Peace hath her *obligations*, No less renowned than war." We need to concentrate our thinking upon our obligations rather than upon the victories already won or sought to be achieved for the profession.

Let us follow the example set by that great organization, the American Legion, and recognize our obligation to our country also in peace. Let us not wait until another frightful war is upon us to offer our time, our energies and efforts for the welfare of the nation. By countinuing and expanding the program adopted by this Association three years ago, let us cooperate with and encourage the activity of our sister organizations in other states, and the national body, in the determination to halt the progress of communism which seriously threatens to spread across this country and throughout the world.

At this meeting you will hear a distinguished doctor and native son of South Carolina in an eye-witness

account of the effect of the most appalling development of all time. I wanted him on our program, not simply because of our close personal friendship, but because what he has to say, I know, will emphasize the thoughts I am trying to express. Development of the atomic bomb marked the beginning of an entirely new phase in the relationships of nations, a phase that may be brief or long, depending upon our country's willingness to assume world leadership in the right direction. If she is to do so, her leaders in government must be strengthened and encouraged through action on the part of powerful groups of the soundest thinkers and most public-spirited citizens—groups like this and other Medical Societies in America.

Writing in a recent article, Milton Eisenhower, a brother of the General, a permanent chairman of one of the United Nations organizations, said: "Wars begin in the minds of men—and it is in the minds of men that the defenses of peace must be constructed."

Let this Association and the other bodies of its kind throughout the country help furnish the leadership of thought to construct the defenses of peace. May they be strengthened and maintained through our active participation in public affairs.

Experiences At Bikini

with

Comments on Nuclear Energy in Medicine

by

EUGENE P. PENDERGRASS, M. D.

Just one year ago tremendous plans were under way for the "Atomic Bomb" experiments in the Pacific. As calmly precise as a laboratory experiment on possibly the grandest scale in history, the "Operation Crossroads" was planned as a series of tests, to help determine the future of navy construction, strategy, and tactics.

The purpose of the tests was simple and logical. The atomic bomb is a device utilizing the phenomena of nuclear fission to produce an explosion, an explosion unparalleled in its magnitude. A great deal of our knowledge concerning the bomb's power and characteristics had been assembled as a result of studies following the explosions at New Mexico, Hiroshima, and Nagasaki, but there was a considerable amount of further information to be obtained, and it was with this idea in mind that the "Operation Crossroads" was planned. Some of the information sought was military and some was scientific.

Crossroads was an Army and Navy undertaking organized as Joint Task Force One, under the command of Vice Admiral W. H. P. Blandy, USN. The task force was composed of eight task groups, each covering a particular phase of the experiment. The task groups were further divided into 37 task units. In addition, there were two other groups closely allied but not under the task force command: the Joint Chiefs of Staff Evaluation Board and the President's Evaluation Commission.[1]

Crossroads was a tremendous enterprise. The job of assembling, operating and supplying the ships and men involved in the tests was in itself an undertaking which compared in size and complexity with a major wartime operation.[1] Approximately 42,000 men and 250 ships participated in the operation.[1] In addition it was necessary to plan for the gathering and recording of the results of the tests in order that those observations might be evaluated.

Colonel Stafford L. Warren of the Manhattan Engineer District was in charge of the protection of personnel from radiological hazards from the blast. Under his direction there were a number of physicists, chemists, engineers, instrument men and some civilian personnel. Colonel Warren's influence was felt every where. There was scarcely a single operation in which he was not directly concerned because the safety of the personnel was paramount. My own assignment was that of a civilian radiological monitor with officer status under Colonel Warren.

The target ships included some of our proud fighting ships with valiant war records. Many of the various types of ships were included in the target array such as destroyers, submarines, attack transports, landing ship tanks, landing craft infantry, LCT's, LCM's, floating dry docks, barges, cruisers, aircraft carriers and battleships. These target vessels were strategically concentrated in the lagoon in the immediate vicinity of the "bull's eye" in order to test the effect of the bomb on the various types of vessels. The detailed knowledge of the destructive power of the bomb should provide the Navy with information concerning any change in ship designs, tactical formations at sea and the anchoring distance in ports. Other information obtained was the effect of the atomic bomb against aircraft, both airborne and grounded, and the effect on a wide variety of weapons and equipments.

An important consideration in the test was the effect of the irradiation on living beings. This was necessary in order to provide much needed informa-

From the Department of Radiology, Hospital of the University of Pennsylvania, Philadelphia, Pa.

(Delivered at annual banquet of Association, Myrtle Beach, S. C.)

tion on protection, early diagnosis and treatment of personnel, who may in the future be exposed to atomic bomb radiations either in war or peace.

It is recalled that in the New Mexico experiment of the atom bomb, temperatures of fantastic proportions crumpled a steel tower. On the basis of that experiment it was predicted that the terrific blast of heat would undoubtedly cause considerable damage in the immediate vicinity of the detonation. Those of you who have seen movies of the Able test are familiar with the damage that was created as a result of direct heat radiation and the secondary damage due to explosions of ammunition, gasoline and other inflammables.

In the two Japanese explosions direct heat radiation was responsible for many casualties. The much publicized radioactive after-effects were also the cause of many deaths and injuries. From the Bikini test, knowledge was obtained concerning the relationship between the distance from the blast and the degree of injury and the efficacy of protection offered by steel plates. Information was also obtained on the possibility of radioactive material entering protected spaces through ventilation ducts.

Many of you will recall the predictions of water disturbances to be caused by the underwater detonation of the bomb. These predictions varied from conservative 70 ft. waves, in the immediate vicinity of the explosion, to semi-hysterical alarms of the uninformed who painted horrifying visions of bomb-born tidal waves engulfing cities on distant shore lines. It was forseen that ships near the explosion center would be subjected to the terrific stresses but it was not until after the Bikini test blast that the real information was obtained.

The island of Bikini was transformed into a "robot" laboratory in which automatic cameras and recording devices of various types recorded scientific data concerned with the explosion. The work on Bikini Island was performed by the 53rd Seabee Battalion, veterans of Guadalcanal, Vella Lavella, Bougainville, and Guam.[1]

The lagoon, which is about 10 miles wide and 20 miles long, is about the size of the San Francisco Bay. It was divided into sectors and the target ships were placed within these sectors. On Able minus one, the ships of the fleet, other than the target vessels, left the lagoon and took up prescribed stations. These stations were approximately 20 miles away from the target area. Even at that distance we were warned that it was not safe to look at the flash of the exploding bomb. On Able day the weather was perfect. There was good visibility and a constant air movement. Therefore, the test proceeded according to plans. Aircraft of the task force were the first to enter the lagoon after the blast because it was expected that the air would become free of radioactive particles more rapidly than the water. In a relatively short time, the fleet was ordered to approach the lagoon carefully testing the water as it advanced. After it had been found safe to re-enter the lagoon, the various patrols began to monitor the sectors assigned to them, and in due time, an outline of the extent of the radioactivity was recorded.

The success of tests from an information standpoint depended to a considerable extent upon the rapidity with which the monitoring of the lagoon and the target ships could be obtained, because it was only after such information was obtained that the salvage teams were able to swing into action to control secondary fires and internal explosions. Likewise, it was essential that boarding parties return to the ships as soon as it was safe, in order to collect the animals from the ships, remove the scientific instruments, and to observe the effect of the bomb on the ships and their equipment. This was a tremendous undertaking and one of the most important of the entire operation. Three weeks were allotted to the collection of this data.

For the Baker test, the same general plan was carried out except that this time it was unnecessary for the fleet to be as far away as in the Able test, and it was possible to look at the blast without injury to the eyes. Following the detonation of the bomb, we again entered the lagoon but we did so more slowly than in the first test. The Baker test was a much more serious undertaking than I had conceived before the detonation of the bomb. The radioactivity was more intense, and it was necessary to exert a greater degree of vigilance in order to protect the personnel of the fleet.

Although the operation in the Bikini lagoon, for the most part has been closed for several months, the ships remaining there are still radioactive. From time to time new groups of animals are being placed on the ships for varying periods of time in order to study the effects of the residual radioactivity on living things.

The first two tests at the Crossroads, to my mind, represented the greatest pageant of all times. The fantastic nature of the physical forces brought into play, the mighty effects of radiation and the tremendous array of ships and men concerned with these tests were most impressive.

Some data concerning the animals used in the tests were published in *Time*[2] reference being made to 3,030 white rats, 176 goats and 146 pigs on 22 target vessels at Test Able and 200 white rats and 20 pigs on 4 ships at Test Baker. In October 1946, McCullough[3] after making a check of the condition of the experimental animals which were exposed to the two bomb tests at Bikini—Test Able the atomic bomb that was detonated above the water on July 1st and Test Baker the one that was detonated under the water of the lagoon on July 25, 1946, reported: "A total of about 3500 animals—goats, pigs, guinea pigs, mice from the National Cancer Institute and

albino rats—were exposed to the fury of the "Able" bomb, dispersed upon 22 ships of the target fleet. They were tethered, caged or confined at locations above and below decks.

"Ten per cent—about 350—died almost instantly of air blast or heat or both. Fifteen per cent—something over 500—died within a few days from radiation poisoning. Another 350, about one half of which would surely have died in any case, were killed for purposes of study. In other words, just about one third of the animals, scattered over an area at least two miles in radius were the direct victims of the bomb's major effects—and that, you will recall, was the test which generally was conceded to be the least destructive of the three planned.

"Since, in the case of an air burst, the area of lethal radioactivity substantially exceeds the radius of air blast and heat, all of the animals which died may be counted actual or probable victims of radiation poisoning."

McCullough states there are two groups of animals surviving the "Able" bomb which are of special interest.[3]

"The first was a group of 15 goats selected for intensive treatment of radiation sickness. . . . The goats were retrieved from ships on which all others of their breed were dead, each surviving goat from a different ship. One of them was destroyed because of extensive flash burns of the face, and in his—or her—case radiation presumably was not a factor.

"Of the remaining 14:

1 died on the 9th day,
3 on the 11th day,
1 on the 12th day,
2 on the 13th day,
1 on the 15th day,
1 on the 43rd day and 1 on the 79th day

"Today, (October 18, 1946) only four remain alive.

"When treatment of the original 15 was begun—which was as soon as they could be received aboard the animal ship and blood counts made—each received a daily transfusion of whole blood amounting to 15 per cent of the individual goat's blood volume. Each of the surviving goats has received an average daily transfusion of whole blood of between 7,000 and 8,000 cc. Each has been injected with a total of 37,500,000 units of penicillin. The total transfusion of whole blood which each has received amounts to something over 150 gallons.

"The ten dead goats received an average of from 300 to 7200 cc. of whole blood in daily average; a total of from 1,000,000 to 36,000,000 units of penicillin.

"The four surviving goats are both anemic and leukopenic. About two weeks after treatment was begun, blood analysis revealed the presence of a few very immature blood cells but now, more than two months later, there is no acceptable evidence of any regeneration whatever of the blood elements.

"The second group comprises about 100 white rats. Every rat in this group is in a leukemoid state. It is in this group, all of whose members were exposed to intense total radiation—that deaths are occuring prematurely. The normal average white cell count of rats in the Crossroads colony was 10,200. This particular group of 100 have—and have had since recapture—persistent white cell counts of between 20,000 and 30,000, with an occasional one up to 50,000.

"It has not yet been possible to make any conclusive genetic studies, although both the mice—which were deliberately placed in positions where they would receive sub-lethal dosages—and some of the rats have produced litters.

"In the second or "Baker" test, 199 albino rats—all progeny more or less remote of the original hardy Wistar strain—and 20 pigs were placed at various sheltered postions aboard ships of the target fleet. The pigs were confined in the sick bays of five target ships, those ships presumably ranging in category from the battleship downward through the carrier and cruiser to the destroyer and relatively thin-hulled attack transport. Not one of the pigs was recovered alive. All were killed by radiation poisoning. Some were reached immediately, but the last after a lapse of five days. Of the 199 white rats, 128 were recovered alive. It is important . . . to point out, that neither heat nor blast had any important effect upon the animals in this test, due to the shielding of hulls, upper works and bulkheads. On the other hand, underwater shock, which as you know caused all sorts of curious fractures to personnel in the war, did not affect the animals.

"Seventy one of the 199 white rats were dead of radiation poisoning when reached by recapture crews. Ten—of which at least one-half would have died—were killed for study. Of the remaining 118, 61 are now alive—or were one week ago, (October 11th) and deaths are occuring regularly in this group.

"In the first test, only about five-one hundredths of one per cent of the fission elements—the actual disintegration elements of the bomb—was absorbed by the water of the lagoon. Such radiation as was absorbed by the target fleet, and hence by the animals placed on them resulted from instantaneous radiation, measurable in a few millionths of a second.

"Quite a different situation existed on July 25th. There, about 50 per cent of the fission elements were trapped by the water, carried aloft and the major portion of it returned to the lagoon to contaminate not only the ships but the water of the lagoon over approximately a twenty square mile area.

"The combination of the fission elements trapped in the sea water and of the induced radiation of minerals of the sea water was deadly."[3]

The data quoted above, very roughly, are the facts to which we as citizens should give thought.

If it requires 37,500,000 units of penicillin and 150 gallons of whole blood to keep one goat alive for two and one-half months, how much will it require to extend reasonably humane medical care to a military and civilian population devastated by atomic weapons? It is obvious no country can afford to have its people subjected to the atomic weapon.

Captain Shields Warren has recently reported on the pathologic effects of an instantaneous dose of radiation, as a result of his studies at Hiroshima and Nagasaki.[6] He describes a vivid picture of what can be expected from atomic bomb explosions, similar to those observed at Bikini. The pathologic effects were divided into two groups: First, the effects of heat producing primary thermal injury of the flash burn type, and secondary thermal injury due to induced fires. Second, the effects of radiation. At the time of Captain Warren's study, 80,000 people had died at Hiroshima and 45,000 at Nagasaki.

The characteristic clinical course of those persons primarily suffering from radiation injury as a result of the atomic bomb explosions may be divided into two stages. The immediate effects were manifested as weakness, malaise, fever and often death within forty-eight hours. The delayed effects manifested themselves in a variety of ways.

The effect on the blood could be readily followed by the clinical manifestations as well as the laboratory observations. The patients were divided into three groups. The first group was those occurring early with marked leukopenia, in which infection and particularly Ludwig's angina was the outstanding manifestation. In a great many of these, death occurred in the first three weeks. Following that, the *second* group which lived from three to five weeks (after the bombing) had a number of hemorrhagic deaths associated with thrombocytopenia and marked effect on the bone marrow. There were extensive ecchymoses to purpuric patches and small petechiæ. Mucosal hemorrhages occurred everywhere. In the *third* group, there was a serious bone marrow damage with anemia. At times the marrow was so depleted that little but reticulo-endothelial cells appeared.

The gonadal effect was much more prominent in male than in the female. Atrophy of the germinal epithelium of the testis was marked. There was suppression of menstruation found in some of the high school girls. A recent survey by Colonel James Cooney of the Walter Reed Hospital showed that sterility has become more of a problem than was anticipated. Many flesh burns are still unhealed and keloid formation is tremendous. There is still a large number with bone marrow deficiencies. Observations will have to be carried on for many years to learn the total effect of instantaneous exposure such as occurs following detonation of bombs similar to those in Nagasaki and Bikini.

The discussion thus far has been on the use of atomic energy as an instrument of war. What are some of the prospective medical uses of atomic energy? Many papers already have been written on this subject. Just recently the Manhattan Engineer District has released many radioactive isotopes for medical investigation and treatment. The immediate application of such isotopes to medical problems undoubtedly will lead to advances in therapeutics, in medical science, in biology, and in chemistry.

It is stated that the chain-reacting Uranium Piles, such as those located at Hanford, are sources of neutrons and other radiations equivalent to more than a million cyclotrons. The neutrons which were used to produce the new element plutonium may also be used to produce in quantity long-lived radioactive carbon and hydrogen.[2] These elements will make possible, for the medical research worker, the labeling with radioactivity of those organic compounds that play essential roles in the animal and human body, both in health and disease. Almost every organic chemical entity of possible concern in biology or medicine contains one or both of these elements in key structural positions.[2] This means that by the proper chemical or, if necessary, biological synthesis it will be possible to obtain most organic compounds of medical or biological interests with radioactive labels.

For some years radio-phosphorus, iron, sodium iodine, strontium sulfur, and potassium have been among those materials used in medical investigations and treatment. Most of us are familiar with the use of radioactive phosphorus in the treatment of leukemia and polycythemia. Strontium has been used experimentally in the treatment of bone tumors. Iodine has been employed in the investigation of thyroid metabolism, in the treatment of hyperthyroidism, and carcinoma of the thyroid. According to Bale, none of these radioactive isotopes are comparable in their usefulness to that of radio-carbon or hydrogen in the fields of medical research, since each one is usually absent or loosely attached to the key structural group of most organic compounds.[2]

Radioactive carbon will have important applications in cancer research, in pharmacology, in biology, in medical therapeutics, and in medicine in general. The study of the metabolism of malignant tumors is one of our foremost problems. There still remains considerable basic research to be done on aging and the degenerative diseases. Bale in discussing this general subject states that we still need to know fundamental things such as how much of the cell is formed permanently during its early development, and what portion is renewed from metabolites supplied by the blood stream. We need to know what factors are important in cell and tissue degeneration and whether we can influence its speed and magnitude in any way. How do the different types of tissue cells in an aging animal differ in their metabolism from

cells of the young and early adult animal?

Comprehensive metabolic studies using tracer technique should provide a basis foundation of knowledge from which it may be possible to obtain an insight leading to an increasing human adult span of productivity and pleasant existence. Radioactive isotopes are the new tools that are of such fundamental importance and they will soon see nation-wide and world-wide use.

In the September 17, 1946 issue of the newsmagazine *"World Report"* there is a special editorial on "The Atomic Bomb as a Military Weapon." Some of the points brought out in this editorial are abstracted as follows:

"The one basic and all-important fact concerning the atomic bomb is that it transcends all previous efforts of mankind in the long history of warfare.

"The bomb already has altered and will continue to affect the political and military pattern of the world. The question of control of the bomb is now the subject of negotiation and debate.

"The atomic bomb has increased vastly the possibility of devastating attack without declaration of war and of pre-war sabotage on a catastrophic scale.

"The destructive capacity of the bomb on land is well known as a result of Hiroshima and Nagasaki. Exploded in the air at a selected height, it will destroy all normal land structures and most life within a radius of a mile and a half. There will be an additional area of less damage and an extensive delayed effect largely fatal to life, due to radioactivity.

"The first Bikini test determined the effect of an air explosion over a closely concentrated group of vessels at anchor. The results indicated that such a bomb would damage fatally even large warships within an area of half a mile and inflict damage to exposed structures, on a diminishing scale, up to a mile. Exposed personnel in this area would be killed or incapacitated.

"The second Bikini test determined the effect of a shallow submerged bomb under a closely concentrated group of vessels at anchor. This underwater explosion indicated that such a bomb would sink or seriously damage even large naval vessels at a distance of 500 yards, and damage in less degree other vessels up to 1000 yards. It resulted in extensive and persistent radioactive effects on water and ships.

"The atomic bomb, as a military weapon, will have far-reaching effects on the technique of warfare.

"It will increase the totality, the complexity, the horror and the cost of war.

"It will establish science as an additional defense force of every great nation."

Mr. Bernard M. Baruch has presented the American proposal for International Control to the members of the United Nations Atomic Commission. His report met with acclaim from most of the nations except Russia and her satellites. In fact, Mr. Andrei A. Gromyko has presented the Russian proposal for International Control. Both of these reports should be studied by all of us.

The problem of how to avert atomic disaster is still very new. Only tentative solutions can be brought forth at this time. One thing is certain, we cannot expect to hold up the peace time uses of atomic energy even for security.

Fortunately we do not have the embryonic organization, the United Nations Council. It is possible for it to grow. There is no other way known at present which can establish effective safeguards against war and mass destruction.

The United States has a great opportunity to assume an aggressive leadership in the formation of a world order of universal law, because of its preeminence in military power.

What can you and I do to assist in the movement of peace? This problem is ours. As you know, atomic energy and atomic bombs are marked "Made in the U.S.A." Soon they will be made elsewhere.

We can make it our business to keep informed about atomic energy and in turn keep our Representatives conscious of their obligations to strive for everlasting peace. We can join the movement of The Federation of American (Atomic) Scientists. We can make contributions to help defray the expenses of the propaganda these scientists are fostering. The United States, through the United Nations, must become as aggressive in peace as she was in war. Before the world, we must be united in our aims. Even then the progress will be slow and it may be necessary for us to sacrifice more for peace than for war. Above all, we must not become discouraged.

If we can develop a plan for and have peace, *all Nations can have atomic energy, and a great deal more.*

REFERENCES

1. "At the Crossroads": All Hands, pp. 2-10, July 1, 1946.

2. Bale, W.F.: Some Prospective Medical Uses of Atomic Energy, J. Am. Pharm. A. (Pract. Pharm.Ed.), 7: 81-82, 1946.

3. McCullough, John: Presentation before Medical Club of Philadelphia, Union League, October 18, 1946.

4. Pendergrass, E.P.: The Atomic Bomb Experiments in the Pacific, with a Consideration of the Relationships of Atomic Energy to the Future of Medicine, Trans. & Studies of the College of Physicians of Philadelphia, 14: 107-112, 1946.

5. "Little Pigs at Bikini": Time, 48:100, September 16, 1946.

6. Warren, Shields, The Pathologic Effects of an Instantaneous Dose of Radiation, Cancer Research, 6:499-453, 1946.

A Public Health Program

Importation of Diseases in Postwar America

Part II

DAVID DEAN BROCKMAN, M. D.,
GREER, SOUTH CAROLINA

II. THOSE DISEASES FORMERLY PRESENT

YELLOW FEVER has entered the United States on numerous occasions, notably the one in Philadelphia in 1793, in Memphis in 1878, and the last one in New Orleans in 1905. It was brought to Charleston many times with the trading vessels from the West Indies and South America, the first instance being in 1796. With the knowledge that this disease is transmitted by the vector Aedes egypti—observed by Finlay and proven by Reed, yellow fever was attacked intelligently. Anti-mosquito control and quarantine measures have kept it out since 1905. But with the advent of swift air transportation to all portions of the globe, yellow fever may again enter the United States. It is still present in the interior of Colombia, Venezuela and probably in Panama near Colombia as the jungle form, to mention only the nearest countries. An infected mosquito or person still in the incubation period, which is usually three to six days, could conceivably and easily enter North America. This risk has, however, been markedly reduced by the following precautions: travelers are encouraged to be vaccinated through restrictions on non-immunes; passengers are examined at points of departure and debarkation; planes are disinsectized by spraying, and Aegypti control. Vaccine has been given to all service men and women entering endemic areas. The immunity conferred by this modified living virus lasts at least four years. So the possibility of importation is further remote.

PLAGUE coming from Hong Kong entered California in 1900. It was at first of the bubonic type, but later pneumonic cases were observed. Ten Western states have reported cases. "It has not yet been found East of the Rocky Mountains. . . . During the past forty years some fifty cases of plague have occurred in the United States apparently of sylvatic origin. . . . Meyer, who has made a most complete study of the entire subject of sylvatic plague, points out that the history of plague in San Francisco and California is one of ebb and flow, but never of final disappearance. The importance of sylvatic plague is emphasized as a latent infection among ground squirrels, and in his opinion North America from now on will remain a permanent plague focus. He has also shown that at least fifteen species of ground squirrels of the Genus Citellus are infected and at least ten of the Western states are known to harbor infected rodents."[5] The war should have no effect on plague in the United States because of adequate control by the military and the use of vaccine.

THE AUTHOR:

A graduate of the Medical College of the State of S. C. (1946), Dr. Brockman is now interning in the Department of Pathology, Duke University Hospital.

Hippocrates described a condition resembling the diarrheal stages of CHOLERA. It is a disease of antiquity. There were five pandemics in the nineteenth century. The origin of these world-wide scourges can be traced to the delta of the Ganges in lower Bengal, India. They spread westward to Asia Minor and Russia, to Europe and Scandinavia, and on to the Western hemisphere. Cholera made its last appearance in the United States in any degree in 1873. Small outbreaks continue to occur throughout the Far East, resulting in thousands of deaths. That certain countries are free today is due particularly to quarantine and to other sanitary measures which are taken with reference to the prevention of the disease. A moderately effective vaccine is used by the military in all endemic areas. It may be possible that a few carriers of the vibrio might bring it to this country again. It is not likely to spread far due to the excellent sanitation present in the United States. But localized outbreaks may occur and present diagnostic and therapeutic problems.

FILARIAL INFESTATION occurs throughout tropical areas, especially the Southwest Pacific, East Indies and Samoa. Wuchereria bancrofti has the most extensive distribution. It is the type of filaria found at Charleston, South Carolina, by John Guiteras.[20] In 1886, four years later, de Saussure[21] reported the finding of microfilariæ in 22 cases of chyluria. F. B. Johnson[22] in 1915 found 77, 19.3% of 400 admissions to Roper Hospital, to be infected with Wuchereria bancrofti. Francis[23] examined 37 inmates of the home for the aged in Charleston and found 13 positives. But it is believed that this focus has died out.[24] The explanation for this focus is perhaps there were an unusually large number of infested slaves and conditions were favorable for Culex quinquefasciatus (C. fatigans), which Francis showed to be the intermediate host for that area. There are a number of factors which govern the establishment of a focus—a high rate of infection among the population, an optimum number of circulating microfilariæ the presence of a suitable mosquito host in sufficient

numbers, the accessibility of mosquito to the host, and adequate temperature and humidity necessary for the parasite in the mosquito host. The female worms require about a year to mature and begin discharging larvæ into the lymphatics and blood stream. The first symptom is acute lymphangitis occurring about six months after infection. Thompson et al[25] in a study of early filariasis have advanced a clinicopathologic concept. They divide the early stages into three clinical phases. The acute phase is characterized by painful lymphangitis and enlarged succulent lymph nodes. In one-half of their cases funiculitis and epididymitis were present. Pathologically, the infection appears allergic; nodes show follicle hyperplasia with eosinophilic infiltration and edema. In the subacute phase there are vague sensations of heaviness, fatigue, and aching in the affected parts. The glands are small and firm and on section show a focal tuberculoid granuloma with epithelioid cellular infiltration, endolymphangitis and perilymphangitis. The late phase of the early stages exhibits chronic swelling with increase in size of the part with or without pitting edema, vague symptoms of fatigue and aching and a non-specifie histologic picture. Using a skin test, they found 73% of the cases positive with a dilution of 1:4000 or higher. They feel that recognition of these three phases are important to the internist and general practioner in the differential diagnosis of lmphadenopathy, to the urologist as filarial epididymoorchitis, to the general surgeon in the differentiation of filarial lymphangitis and abscesses and node biopsy, to the pathologist in the recognition and appreciation of another granuloma. Among Japanese prisoners on Okinawa 20% were found to be infected with filariæ. This was recognized as a potential danger and such prisoners were examined before being sent to Hawaii. A few thousand cases have occurred in the Army. The Army Medical department routinely examines all for scrotal edema and all suspected cases are examined for filariæ. For the reasons stated above about the establishment of new foci in the United States, bancrofti infection is not expected to be more than scattered cases causing diagnostic and therapeutic problems.

III. THOSE DISEASES NEVER RECOGNIZED HERE

ONCHOCERCIASIS, transmitted by species of Simulium, is endemic in Mexico and Guatemala. Johnstone and Larsen believe that there is a distinct tendency for this disease to migrate northward. A simulium fly is widespread in some of the Western states but has not been proven to be not infective. However, this disease represents a potential danger of spreading to these states.

Biting flies related to the Chrysops, which transmit LOAISIS, are fairly numerous in Texas and may give rise to an endemic focus in that state. Ie behooves physicians to be familiar with this disease and to be on the alert for it.

DRACONTIASIS, the oldest known filaria-like infection, affects the connective tissue and subcutaneous tissues. It is transmitted by a crustacean Cyclops which man ingests and becomes infected. Infectability of Cyclops in America has not been determined. However, owing to the method of transmission of the disease and the public health conditions existing in the United States, man is not likely to become infected here. It has been found to occur naturally in certain wild animals.

African TRYPANOSOMIASIS is not known to occur naturally in the United States. Numbers of cases have been observed and treated in individuals having contrated the disease in Africa. Tsetse flies are not indigenous in the Americas, but at least two specimens have been discovered aboard planes landing in Brazil from Africa. Rigid inspection of all planes and ships arriving from Africa should continue. The astute clinician will be on the lookout for latent cases occurring in persons recently returning from endemic areas. The South American type—Chagas' Disease—is transmitted by the several species of triatomid bugs ("kissing-bug," "Cone-nosed" bug). It is more acute in the infant and child, being mild or subclinical in the adult. No autochthonous cases have been reported from the United States as yet. However, the vector is found in Texas, Arizona, and California and is naturally infected. The armadillo and opossum have been found to be naturally infected. Thus, there is a definite possibility that this disease can spread Northward, and should not be dismissed.

In the LEISHMANIASES, the vector is the phlebotomus fly. The visceral form—Kala azar—is endemic fn the Mediterranean littoral, Sudan, N. E. India, Northern China, and N. E. Brazil. The Old World cutaneous form is endemic in North Africa and Near East as far as N. W. India. The New World form is endemic in the Northern half of South America, Central America and in the West Indies. Not a single endogenous case has been reported as yet from the United States and Canada. However, 30 exogenous cases have been reported by Dwork[26], Strong[5], Wenyon[27], Wright[28], and Packchanian[29], Benedek. [30] reported a case which he believed was the first autochthonous case in the United States, but Wenyon and Packchanian feel that this was erroneous and organisms seen were confused with yeast-like organisms. Diagnosis, according to Packchanian should be based on culture and the demontsartion of both flagellar and aflagellar forms of the parasite. Ball and Ryan[31] have reported that 499 proven cases of cutaneous leishmaniasis have occurred in the American Armed Forces in the Middle East. The occasional exogenous cases of leishmaniasis which have been diagnosed by specialists in the United States suggests that similar unrecognized cases may occur from time to time and that it is increasingly important that clinicians and health officers be on the alert for exogenous leishmaniasis. It should be

suspected in all cases of undiagnosed recalcitrant ulcers.

During the postwar period we may expect to have an increase in BLOOD FLUKE INFESTATION. Nearly one thousand cases of schistosomiasis have been reported among American soldiers in the Philippine Islands[32]. With the continued occupation of endemic areas by the army, there is danger of acquiring this disease. S. Hematobium is found in Africa, particularly Egypt; S. mansoni, in the same areas, plus northern South America and the West Indies; and S. japonicum, in the Far East, especially China and Japan. The danger of establishment of an endemic focus here is tempered by the fact that there is a great specificity for the snail intermediate host. There are ten genera and nine subgenera of snails of the family Planorbidæ. Twelve of these occur in the Southern States, but none is known to be susceptible. Indeed, one species, Helisoma lentum, has been proven to be refractory.[33] These species resemble more closely the transporters of mansoni rather than hematobium. While there is no endemic focus of vesical, mesenteric, or hepatic schistosomiasis here in the United States, there is in the north central states and neighboring regions of southern Canada an endemic focus of schistosome dermatitis, or "swimmer's itch", but this parasite appears to be incapable of maturing in man. This fact and the difference in living and working conditions here militate against the likelihood of an endemic focus being developed here, but appropriate existing snails represent a potential danger if pathogenic schistosomes were introduced. All diagnosed cases should and can be treated satisfactorily with antimony compounds. All suspected cases among the military are subjected to urinalysis and stool examinations for ova. Unusual symptoms of bladder discomfort, diarrhea, or hepatomegaly and splenomegaly in persons previously residing in endemic areas should suggest the possibility of schistosomiasis.

The ORIENTAL LUNG FLUKE—Paragonimus westermani—is not expected to spread since our people do not eat raw crayfish. Some cases may occur in our troops. To the alert clinician unexplained hemoptysis will suggest the possibility of this disease in returning soldiers.

Scattered cases of CLONORCHIASIS (Cl. sinensis) formerly occurred among oriental immigrants. The Federal Immigration officials are on the alert for this disease, but the absence of an effective snail host in this country vitiates the spread of this disease. A few cases possibly may occur among our troops.

The non-venereal spirochetal disease of YAWS or FRAMBOESIA is exceedingly rife throughout the tropics, particularly the Pacific Islands and even the West Indies. In the Marshall Islands, 90% of the population suffered from it.[32] This disease does not represent a danger because it is effectively treated with arsenicals.

PINTA, a dyschromic spirochetal affection of the cutaneous tissues, is very prevalent in Mexico and Colombia, and possibly may spread into the warmer and more humid Southern States. Mapharsen is a therapeutic specific.

TSUTSUGAMUSHI DISEASE or SCRUB TYPHUS is caused by Rickettsia orentalis and is transmitted by species of Trombicula mites. It has occurred extensively among our soldiers in the Southwest Pacific, with a mortality ranging from 1% to 50%. The animal reservoir is the field rat. Mites here are not known to be susceptible. This disease occurs especially near river banks, hence the term Japanese River Fever. "The mite is said only to be a source of danger in regions in which the disease occurs especially along inundated river banks, its bite not producing the disease elsewhere."[5] Thus spread of disease to areas in which it does not now occur is a distinct possibility.[17]

TRACHOMA is one of the most important causes of partial blindness. "In parts of Egypt and Palestine approximately 90% of the native population is affected. In North America the disease is widespread among the Indians and in certain localities, such as the mountains of Tennessee and Kentucky, and the Delta of the Ohio River. It is also fairly common among the farmers of South Dakoto, Nebraska and Iowa, especially those living near the Indian reservations. In the large cities it is rare, such cases as are seen being chiefly in immigrants from Italy or Central Europe who have evaded the immigration inspection, or persons who have come from one of the infected districts mentioned.[34] Persons suspected of having this disease are examined with reference to conjunctival hyperplasia and slit lamp examinations made. A few cases have occurred among the military and naval personnel. It is not expected that the American incidence will increase.

CONTROL MEASURES

In the control of imported disease, the army coordinates its program with the United States Public Health Service, the Department of Agriculture, and the United States Navy. Special boards and committees have been set up, such as the Army Epidemiological Board. Circulars, bulletins, and memoranda are sent to commanding generals and medical officers, as for example—delousing technique for soldiers, bedding, clothing or other equipment. Debarking soldiers are examined with special attention to diseases most likely contracted from particular areas of service—malaria, amebic and bacillary dysentery, filariasis, hookworm, schistosomiasis, trachoma, venereal disease, and tuberculosis. Suppressive anti-malarial therapy is continued at least 28 days. A general medical examination is made to ascertain the presence of vermin or acute infectious diseases. Special procedures followed in suspected ailments are: Malaria—splenomegaly and thick blood film examination;

amebiasis—smear of fresh stool for cysts; bacillary dysentery—culture of fresh stool; filariasis—lymphatic system, including scrotal contents, and thick blood film day and night for microfilariæ; hookworm—stool examination for ova; leishmaniasis—stool and urine examinations for ova; pulmonary tuberculosis—chest x-ray; and trachoma—conjunctivae everted and slit lamp examination. Hospitalization is ordered on all clinical malaria, amebic or bacillary dysentery, hookworm infestation, schistosomiasis, filariasis with symptoms, and leishmaniasis. All venereal diseases are thoroughly treated prior to furlough. Treatment is given as necessary for other diseases.[35]; [36].

Imported "exotic" and foreign diseases are a global health problem rather than an American one alone. The Western Hemisphere has realized its international nature and through the Pan American Union has instituted an Inter-American cooperative health program. It has now been in operation for over two and one half years. The objective has been mutual benefit to the cooperating nations and to the United States "not only in terms of improvement in the public health of the Western Hemisphere, but also as most important factors in promoting economic progress and facilitating commercial restrictions between the United States and the other American Republics."[15]. International public health measures, therefore, should become the spearhead for peaceful international collaboration. We cannot remain free from epidemic diseases, if they rage in other lands in this age of rapid travel and global commerce. "Tropical diseases threaten the health of the people of the United States sufficiently to warrant systematic efforts to identify and control them."[17] It has been proposed[17] that tropical disease laboratories be set up, like one already in New York, in certain cities throughout the country, particularly Charleston, San Francisco, Baltimore, and New Orleans. These cities would act as diagnostic and research centers in the control program against the importation of foreign diseases.

BIBLIOGRAPHY

1. Parran, Thomas: "Public Health in the Reconversion Period." A.J.P.H. Vol. 35, No. 10, Oct. 1945.

2. Getting, Vlado A. "Tropical Disease and Global War." Am.J.Med. Sciences. Vol. 127, No. 3, pp. 404-413.

3. Simmons, James S., Brig. Gen. MC AUS "Can We Stop an Invasion by Disease." Saturday Evening Post, Vol. 218, No. 22, Dec. 1, 1945.

4. Perkins, W. H. "Tropical Diseases of Concern to the Homefront." Med. Clinics of N. A. Nov. 1943, pp. 1476-96.

5. Strong, Richard P. "Stitt's Diagnosis, Prevention and Treatment of Tropical Diseases, Philadelphia: The Blakiston Co. 1942.

6. Freeborn, Stanley B. "Problems Created by Returning Malaria Carriers. Reprint. Public Health Reports, Vol. 29, No. 11, Mch. 17, 1944, pp. 357-63.

7. Editorial: "The Challenge of Malaria Control." Am.J.Pub.Health Vol. 36 No. 3, March, 1945.

8. Parran, Thomas, McCoy, O. R., Sawyer, W. A., and Meleney, Henry E. A Symposium: "Public Health Implications of Tropical and Imported Diseases." Am.J.Pub.Health, No. 1, Jan. 1944, pp. 1-26.

9. Report in JAMA Jan. 12, 1946, p. 87.

10. Ehrman, Fred. C. et al. "Plasmodium vivax Chesson Strain." Science Vol. 101, No. 2624, pp. 357 ff. Apr. 13, 1945.

11. Young, Martin D. et al, "Studies on Imported Malarias: Ability of Domestic Mosquitoes to Transmit Vivax Malaria of Foreign Origin." J. Nat. Malaria Society, Vol. 4, No. 2, June, 1945.

12. Robinson, Harry M.: McKinney, Wm. W: "The Effect of Vivax Malaria on Spinal Fluid and Blood Serologic Test for Syphilis. JAMA Vol. 129, No. 10.

13. Craig, Charles Franklin and Faust, Ernest Carroll. "Clinical Parasitology. Philadelphia: Lea and Febiger, 1943.

14. Lawrence, Edgar A.; Bennett, Robert E.: "A Study of Diarrhea Occurring at Army Air Forces Hdq. Calcutta, India." JAMA Vol. 129, No. 3.

15. Dunham, George C.: "Today's Global Frontiers in Public Health" Am.J.Pub.Health, Vol. 35, No. 2, Feb. 1945. pp. 89-95.

16. Taft, Wm. C.; Pike, John B.: "Relapsing Fever." JAMA Vol. 129, No. 15.

17. Editorial: "Tropical Diseases in the United States." JAMA Vol. 129, No. 15, Dec. 18, 1945.

18. Barker, M. H. et al: "Chronic Hepatitis in the Mediterranean Theatre." JAMA Vol. 129, No. 10.

19. Banov, Leon, M. D.: Personal Communication. Asst. Prof. of Public Health Med. Coll. of S. C. and Charleston County Health Officer.

20. Guiteras, John: "Filaria Sanguinis Hominis in the U. S.—Chyluria." Med. News. 48, 15: 399-402, Apri. 10, 1886.

21. deSaussure, P. G.: "Filariasis." Med. News, 56, 26: 704-707, June 28, 1890.

22. Johnson, F. B.: "Filarial Infection—an Investigation of its prevalence in Charleston, South Carolina." So. Med. J. 8, 7: 630-634. July 1, 1915.

23. Francis, Edward: "Filariasis." Hygenic Lab. Bull. 117. Treasury Dept. Washington, June, 1919.

24. Johnson, F. B., M. D. Prof. of Clinical Pathology and Tropical Med. Medical College of S. C.: Personal communication.

25. Thompson, Kenneth J. et al: "Early Filariasis in Young Soldiers." JAMA Vol. 129, No. 16.

26. Dwork, K. G.: "Cutaneous Leihmaniasis in the United States and Canada." Arch. of Dermatology and Syphilology. Apr. 1942.

27. Wenyon, C. W.: Protozoology. New York, 1926.

28. Wright, I. H. "Protozoa in a Case of Tropical Ulcer." J. Med. Research 10: 422, 1903.

29. Packchanian, Ardzroony, Ph. D.: "Leishmaniasis." JAMA Vol. 129, No. 8, Oct. 20, 1945.

30. Benedek, T.: "American Leishmaniasis." J. of Trop. Med. and Hygiene, 43: 147, 1941.

31. Ball, D.; Ryan, R. C.: "Cutaneous Leishmaniasis." Bulletin U. S. Army. Med. Dept. 1944, No. 79, pp. 65.

32. Painton, Fred C.: "Conquest of our Worst Pacific Foe—Disease." Readers Digest, Apr. 1945. pp. 107-110.

33. Faust, Ernest C.: Hoffman, W. A.: "Schistosomiasis." Puerto Rica J. Pub. and Trop. Med. 10, 1, 1-97. Sept. 1934.

34. Gifford, Sanford R.: "A textbook of Ophthalmology." Philadelphia, W. B. Saunders Co. 1943.

35. Ward. Thos. G. Lt. Col. M. C. AUS. "Control Measures Against Importation of Disease by Men Returning from Overseas Duty." A.J.P.H. Vol. 35, No. 6, June, 1945.

36. War Dept. Tech. Bulletin 180. July, 1945. "Medical Procedures to be Followed at Reception Stations or Other Designated Facilities for Military Personnel Returning from Foreign Duty."

37. Wright, Willard H.: "Present and Postwar Health Problems in Connection with Parasitic Diseases." Science, 99: 207. March 17, 1944.

Officers Of The Association

From left to right, Dr. James McLeod, Florence, Retiring President; Dr. Olin B. Chamberlain, Charleston, President; Dr. R. B. Durham, Columbia, President-Elect; Dr. Roderick MacDonald, Rock Hill, Chairman of Council; Dr. C. H. Blake, Greenwood, Vice President; and Dr. J. P. Price, Florence, Secretary-Treasurer.

The Journal of the South Carolina Medical Association

EDITOR: Julian P. Price ..... Florence, S. C.

EDITORIAL BOARD

J. I. Waring ..... Charleston	R. M. Pollitzer ..... Greenville	J. J. Chandler ..... Sumter
D. F. Adcock ..... Columbia	W. J. Henry ..... Chester	O. Z. Culler ..... Orangeburg
C. J. Scurry ..... Greenwood	W. R. Mead ..... Florence	G. D. Johnson ..... Spartanburg

BUSINESS MGR.: Mrs. C. G. Watson ..... 105 W. Cheves St., Florence, S. C.

Please send in promptly notice of change of address, giving both old and new; always state whether the change is temporary or permanent. Original manuscripts, subject to approval by the Editor and the Editorial Board, are desired for publication in the Journal. They should be typewritten, double spaced, on 8½ x 11 paper. References should be complete, and only such as relate directly to statements quoted in the paper. Illustrations will be used as funds permit, or as authors are willing to bear the necessary increase in cost. Short original articles are preferred to long reviews.

Office of Publication: (In care of the Editor) ..... Florence, S. C.
Subscription Price ..... $3.00 per Year

JUNE, 1947

THE 1947 SESSION

Judged by any standard, the recent annual meeting at Myrtle Beach must be rated as one of the best in the Association's history. Over four hundred members (approximately 40% of the total membership) attended one or more sessions. In addition to these, around 150 wives came with their husbands. To say that the hotel was taxed to capacity is to express it mildly, but in spite of minor difficulties all were taken care of and everyone seemed to have a good time.

Under the presiding of the President, Dr. James McLeod, the business of the House of Delegates was run with efficiency and dispatch. Having many of the committee reports mimeographed and ready for distribution saved considerable time and also gave the delegates a permanent record of information and recommendations. Although several matters of importance were presented, there was little argument. A slight flurry arose over the position which the Association should take toward the S. C. Hospital Service Plan but a compromise resolution was adopted which seemed to be satisfactory to all.

Dr. Robert B. Durham of Columbia was the popular choice for President-Elect. Dr. Durham brings to the position a record of good work as a surgeon and as a worker in the Association. A councilor for several years, and Chairman of the Council for two years, Dr. Durham is well acquainted with the activities and problems of the Association and should prove a worthy leader at a time when leadership will be sorely needed. Elected with him was Dr. C. H. Blake of Greenwood, as Vice-President. Since the adoption of the new constitution four years ago, the Vice-President is now an official member of Council and as such has a voice in the workings of the Association. Dr. Blake should grace his office with dignity and efficiency.

From the time he called the meeting to order, through his Presidential Address, and up to the moment of adjournment, Dr. James McLeod demonstrated his ability as a leader. His address, which is published elsewhere in this issue, should be carefully read by every member of the Association. He lifts high the torch which this Association would do well to carry through the coming months and years.

Dr. Olin Chamberlain, assuming the position of President during the meeting, has already given evidence that he is taking his assignment seriously, and is willing to devote plenty of time and effort to the work ahead. With the cooperation of Dr. Joe Waring, Chairman of the Centennial Steering Committee, plans are going forward for the meeting next year in Charleston. At a special meeting of the Committee held at Myrtle Beach, Dr. Waring outlined the general plan of the history of the Association which is now being prepared with the members present making general suggestions. Dr. Chamberlain's main worry at present is the problem of caring for the large crowd which will undoubtedly attend. But with Charleston hospitality as renowned as it is, the rest of the Committee felt assured that this difficulty would be straightened out before May 1948.

The Pee Dee Medical Society, with Drs. M. R. Mobley and Joe Cain leading, was a host par excellence. The entertainment presented on Tuesday night was outstanding. The Arthur Murray dance team presented both American and Cuban dances and then brought in audience participation by selecting individuals from those present for special dancing lessons. The climax of this dancing came when Dr. Adam Hayne and his partner were awarded the special prize. Al and Ivy Walsh captivated those present with their songs and with their leading of general singing. Everyone participated in the drawing for the grand prize, an original painting, which was finally won by Mrs. Billy Chapman of Johnsonville.

Dr. A. W. Adson of the Mayo Clinic gave an interesting and thought-provoking talk Tuesday evening, discussing the program and activities of the Council on Medical Service of the American Medical

Association. The following day, he presented a paper on Headaches which was well received. All in all, Dr. Adson proved that he is a leader in both scientific and economic medicine.

Four hundred and sixty one members, wives, and guests attended the banquet and heard Dr. Eugene Pendergrass give his personal impressions of the Bikini Experiment and saw the special moving picture showing various stages of the experiment. Interesting and awe-inspiring, it gave those present food for much sober thought.

Dr. McLeod presided at the banquet and in addition to presenting the speaker, introduced those who sat at the head table.

At the beginning of his address, Dr. Earle Moore of Johns Hopkins stated that he would attempt to give his concept of the best method of treating Syphilis—as of May 10, 1947. Then followed as masterly presentation of a subject as it has been our privilege to hear—and we have heard many papers and addresses. Without a note, and without pause, he discussed the various studies which had been made and the conclusions reached.

The "What's New" program on Thursday morning proved to be a highly popular feature as shown by the large number who attended and stayed to its conclusion and by the numbers of questions which were asked the experts. In fact, there were so many questions that the speakers had to give some of their answers in single sentence where a paragraph or more was indicated. If this feature is held again it might be well to allow more time for questions and answers.

Papers presented by members of the Association were of high calibre, and would stack up well with similar papers presented before any state medical society in the country.

The commercial exhibitors were present in full force and appeared to appreciate the courtesies extended them by the Association, through Mr. Meadors who had charge of the exhibits. The highlight was the luncheon tendered them by the Association at which time they were addressed by Dr. McLeod.

Judging by the number of new hats and frocks, in evidence, the ladies-ready-to-wear stores in S. C. had done a thriving business. Our wives—over a hundred and fifty of them—were there for one or more days of the meeting. Under the leadership of the President, Mrs. Harry Ross, the Auxiliary had its largest registration in its history and one of its best gatherings. The ladies not only had a good time during their own sessions but they added charm and gayety to the social functions of the Association. Under the leadership of the new President, Mrs. David Adcock, we predict even more activity in the Auxiliary during the coming year.

Lastly, we would like to mention the most popular spot at the convention—the Coca-Cola box. Although there were not quite enough bottles on hand to satisfy the demand and some nickles were put into the machine to no avail, the "pause that refreshes" was a most welcome addition to the meeting and we hope that it will become a permanent and even larger feature.

"CALL ON SOME DOCTORS, SON . . ."

The apple-cheeked investment salesman, freshly weaned from college, sets forth in the world with two pieces of equipment—a brief case for that dignified look, and some sound advice from his elders.

The old-timers in stocks and bonds slap him on the back and give him the advice they had when they were young:

"Go call on some doctors, son."

It *is* sound advice. Doctors, too often, are good prospects for blue-sky investments. When it comes to slick trading in securities, they haven't the time to investigate. They're scientists, analysts of human ailments, artists of the operating room, travellers in the night, worriers, dreamers, thinkers and curers. But not financiers.

Diagnose an illness? Sure. But when a thousand dollars could be made or lost on a one-point change in Giltedge Preferred, they're busy; a child's appendix has ruptured.

Buy the best X-ray machine at the right price? Probably. But skillfully manipulate industrial investments to put their children through college? Or to take care of the family when the old ears are not so sharply attuned to the stethescope, hands not so sure on the scalpel? Not very often.

A doctor is a busy man and a hopeful one—hopeful that the fees will take care of the future. True, some doctors are wealthy, or near it. To most, wealth is just something someone else enjoys. But many doctors, lulled by the crowded waiting rooms which went hand-in-hand with the war-born doctor shortage, figure they'll be pretty well set for retirement, the way fees are piling up.

Yes, the doctor needs a "bullet-proof" investment, and the United States has provided it in Savings Bonds. We all know that, but just to make it available isn't enough.

Most doctors need something more. In business matters they need a string tied around a finger. The Government is offering this to them in the new Bond-a-Month Plan. Your bank ties the string, gives it a yank every month. And all the doctor has to do is leave it there. Wilson Mizner said: "The gent who wakes up and finds himself a success hasn't been asleep." As to planning his future, once the doctor has invested in Bond-a-Month, he *can* give all his attention to his important work.

Before getting down to what the Bond-A-Month Plan can do for the non-salaried doctor, let's take a look at some of the facts in the case of the average practitioner. He's busy, more of late than ever before. His routine is hospital calls, perhaps an operation or two, office hours, house calls, office records, telephoning, more calls after dinner. Every so often a baby fails to realize the doctor has a schedule, or someone breaks a leg, or gets measles. Even the specialists work no 9-to-5 day.

The U. S. Department of Commerce has made studies of doctors' incomes, based on reports of a sample of the 129,000 men and women in private practice in 1940. The studies show that the income rises slowly to a maximum in the early 50's and then starts dropping. From 35 to 54 is the real money-making period.

At 35, most doctors have begun to pay off their starting-in-business debts, have built up a small neighborhood practice and are becoming known. Their practice grows with ability. By the time they are 54, other doctors, young and vigorous, have come in with new methods, machines, theories. They make inroads into the established practice of the veteran. The older man no longer so willingly drives out into the country on sick calls. Office hours are shaved a little at the start and the end of the day. There are fewer operations.

And somehow, without the doctor's really knowing why, the bank balance doesn't hold up the way it used to.

To come as close as we can to keeping the horse in front of the cart, let's see what Bond-a-Month will do and then explain why this is the solution to the doctor's problem of saving for future security.

Bond-aMonth opens systematic saving through Government bonds to anyone with income and a checking account in a bank. Until now this was available only through Payroll Savings. It operates this way:

The depositor who wishes to buy a bond each month signs a card authorizing the bank to deduct the purchase price from his checking account. The bank issues the bonds and delivers them to the customer monthly. The periodic bank statement shows payment for the bonds.

And from the first and the only time the doctor signs his authorization card, he has nothing else to do except open the envelopes the bank sends him with the bonds inside.

What does the doctor need?

1. He needs some sort of arrangement for his financial future because, according to studies of his profession, incomes of physicians are much more responsive to change in the national income than are the incomes in other professions. If the national income drops and patients no longer can afford to call on the doctor so often or to pay him so quickly, a doctor's handbook will feel the change.

2. In most instances, the doctor has no social security or pension to fall back on. Thus, he needs something to serve as an old-age reserve.

3. He needs simplicity—an arrangement which does not call for continual checking, manipulating, buying and selling.

4. He needs safety. He cannot afford to take the risks which must be protected by constant market vigilance, by buying and selling strategically.

A savings bond plan should be the foundation upon which the doctor builds his security. There is no safer investment in the world than Savings Bonds. There is no riskless investment which pays such a guaranteed return.

Consider:

IF YOU INVEST MONTHLY UNDER THE BOND-A-MONTH PLAN	IN FIVE YEARS YOU WILL HAVE	IN TEN YEARS YOU WILL HAVE
$37.50	$2,319.00	$4,998.00
75.00	4,638.00	9,996.00
150.00	9,276.00	19,992.00
300.00	18,552.00	39,984.00

Here, for the doctor himself, are vitamins E, F and G, thoroughly tested and always compounded with interest. These "vitamins" ease common symptoms of post-middle age such as chronic worry and doubt. They are available at a bank near you. And with millions of current users, we can make this unusual guarantee: one and a third times your money back if you *are* satisfied.

THE TEN POINT PROGRAM

M. L. MEADORS, EXECUTIVE DIRECTOR AND COUNSEL

NEW NATIONAL HEALTH BILL

On Monday, May 19, President Truman issued a statement° calling upon Congress for the enactment of a National Health Law. Direct reference to compulsory provisions for benefits was omitted, together with any suggestion as to the manner in which such a system should be financed or administered. His expression indicates the President's sincere belief that the need exists for definite provisions to improve and preserve the health of the citizens of the country through governmental aid, but so far as his formal statement is concerned it appeared that he was willing to leave the manner in which this was to be accomplished to the members of Congress.

Mr. Truman's pronouncement however was the signal for immediate action on the part of Senator Murray. The solon from Montana lost no time in introducing for himself, Mr. Wagner, Mr. Pepper and

others, the fourth version of the National Health Bill, following the same schedule employed in November, 1945. At this writing we have just received a copy of Senator Murray's new bill and therefore are unable to comment on it. It will be recalled however, that in February of this year he indicated his purpose to reintroduce substantially the Wagner-Murray-Dingle Bill of November 1945, and no doubt the provisions of the latest proposal will follow generally those of the previous bill and its predecessors. Press accounts state that it provides for a pay roll tax deduction to finance the proposed plan. This of course was anticipated although such provisions were omitted from the bill introduced in 1945.

The press is also practically unanimous in predicting that nothing very definite will be accomplished in connection with the measure at this term of Congress. This opinion is based upon statements made by Congressional leaders immediately following the President's statement and introduction of the bill. In the first place, too little time remains before the date planned for adjournment.

Second, the Congressional calendar is already crowded with "Must" legislation, much of which has been in the mill with little or no substantial progress thereon for a period of many weeks. Finally, the general attitude of the majority of the Congress as presently constituted, is not conducive to quick action on such a measure as a National Health Bill, if it contains substantially the same provisions as its three predecessors. However, limited hearings before the Labor Committee of the Senate have already been scheduled for June 18, 19 and 20. Our present information is that Senator Murray, the CIO, AFL, and other labor groups will be heard on June 18th. Witnesses for the other dates have not been announced. The voluminous testimony introduced at the lengthy hearings on S. 1606 last spring will be available for consideration on the new measure, and in view of this fact, it is understood that only limited public hearings are planned at this time.

While it is unwise to attempt to forecast anything that Congress may or may not do, it is our prediction that an intensive and sustained drive toward passage of the measure may be expected about next January. While the members of Congress will be the same then as now the country will be much closer to the next election and the vote-getting features of the proposals embodied in the bill will not be overlooked by the minority in Congress nor by the directors of Mr. Truman's campaign for renomination to succeed himself in the White House.

THE LEGISLATIVE SCENE

The General Assembly of South Carolina adjourned *sine die* on Wednesday, May 14th. To all practical purposes it had been concluded actually on Saturday of the previous week, May 10th, and final adjournment was postponed only to permit the engrossing department to catch up with its work, preliminary to the ratification of a number of acts passed during the final days of the session.

Measures approved or sponsored by this Association met with a generally favorable reception, and while final action in several instances may not have been all that we would have liked, marked progress was made, without any adverse action on any of the proposals. Here is about how the score stood at the close of the session.

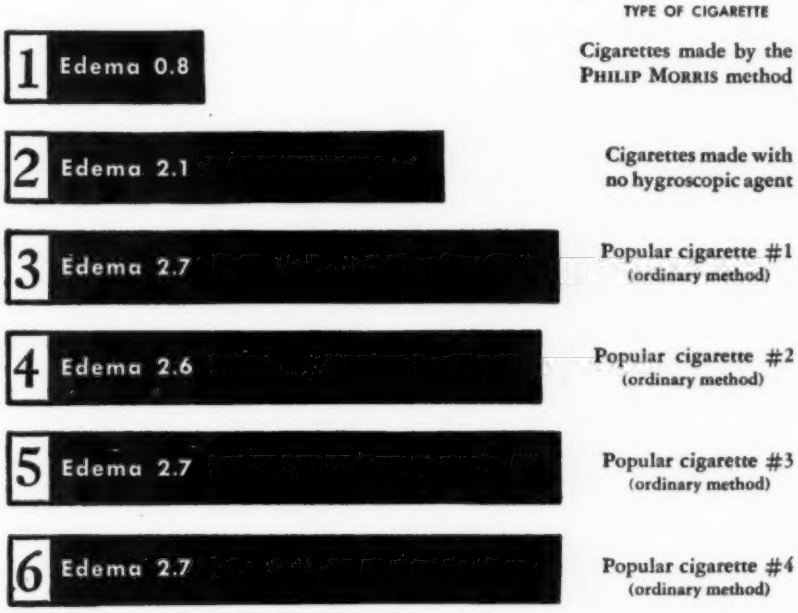
Perhaps the keenest interest on the part of the profession was that which developed through the last minute effort to reorganize the State Department of Health. Governor Thurmond, in his inaugural address, had called for some action along this line but it was not until the middle of April that concrete proposals were disclosed. One such bill was prepared by Dr. Brinkley, Senator from Aiken County and vice-Chairman of the Senate Committee on Medical Affairs. While this was being considered it was learned that a new bill was about to be introduced to abolish entirely the State Board of Health as it now exists and substitute in its place a nine-man Board to be appointed by the Governor with confirmation by the Senate. Examination of a copy of that proposed measure revealed that, combined with this proposal were provisions for the licensing of hospitals by the proposed body and authorization for it to act as the agency of the State in the necessary steps for participation in the provisions of the Hill-Burton Act, providing Federal funds for hospital construction and improvement.

An emergency meeting of Council was held on Sunday, April 20th, when that body went on record as opposing the bill. The fact was immediately made known to Dr. Brinkley and other members of the Senate, with the result that introduction of the measure was postponed pending a public hearing before the Senate Committee on Medical Affairs which was scheduled for Tueseday afternoon, April 29th. The hearing was held in the Senate Chamber and was well attended by officials and other members of the Association. Dr. Roderick McDonald, Chairman of Council, Dr. Olin Chamberlain, President-Elect, and Dr. Julian Price, Secretary, took the lead in expressing the profession's objections to the measure. Little opposition was voiced at the hearing and the Senate Committee agreed to postpone introduction of the bill until next year, in recognition of the position occupied by the Association in the present State Board of Health and in order to permit study and receive the recommendations of the Association with reference to the matter, before attempting to enact a new law. It was definitely stated however, by leaders on the Committee following the hearing, that some such law will be introduced and vigorously pushed at the coming session.

*—The President's Message is carried in full elsewhere in this column.

How irritation varies from *different* cigarettes

Tests made on rabbits' eyes reveal the influence of hygroscopic agents*


TYPE OF CIGARETTE
1 Edema 0.8
Cigarettes made by the PHILIP MORRIS method
2 Edema 2.1
Cigarettes made with no hygroscopic agent
3 Edema 2.7
Popular cigarette #1 (ordinary method)
4 Edema 2.6
Popular cigarette #2 (ordinary method)
5 Edema 2.7
Popular cigarette #3 (ordinary method)
6 Edema 2.7
Popular cigarette #4 (ordinary method)

CONCLUSION:* Results show that regardless of blend of tobacco, flavoring materials, or method of manufacture, the irritation produced by all ordinary cigarettes is substantially the same, and measurably greater than that caused by PHILIP MORRIS.

CLINICAL CONFIRMATION:** When *smokers* changed to PHILIP MORRIS, substantially every case of irritation of the nose and throat due to smoking cleared completely or definitely improved.

**N. Y. State Journ. Med. 35 No. 11,590* ***Laryngoscope 1935, XLV, No. 2, 149-154*

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

Another measure considered to some extent at the same hearing was the proposal to establish a Hospital and Medical Care Commission for South Carolina. The proposal was embodied in the bill prepared by representatives of and sponsored by this Association, the State Hospital Association and the Executive Committee of the State Board of Health. Following the public hearing, the Senate Commiteee on Medical Affairs, in executive session, voted to adopt the provisions of that proposed bill with respect to licensing and construction of hospitals but decided against the establishment of a new Commission; and the duties and authority contemplated by the bill were placed under the State Board of Health as it now exists: The measure, with these changes, was introduced in the Senate shortly thereafter and after effort on the part of some to amend it by adding to the Executive Committee of the Board of Health two hospital administrators, was finally passed in substantially the same form introduced, and became law before the session adjourned.

The bill to provide authority for organizing and operating a non-profit Prepayment Medical Care Plan remained in the Senate Committee on Medcal Affairs, after having passed the House and received one reading in the Senate. The measure remains on the calendar and can be taken up from that point next year. We have been informed by Senator Baskin, Chairman of that Committee, that a public hearing has been requested and this will doubtless be held soon after the legislature resumes in January.

A concurrent resolution introduced in the House of Representatives by Mr. Ward of York County, and others, to investigate the practices of the State Board of Naturopathic Examiners passed both houses but was later mysteriously recalled by the Senate, upon the theory that there had been some error in its passage by that body and it remained without further action by the Senate at the time of adjournment. The Resolution would have provided investigation by a Board of six, composed of three from the House of Representatives appointed by the Speaker, and three from the Senate, appointed by the President of the Senate. It cited the recent developments incident to application by a number of Naturopaths as licensees of South Carolina for license to practice in the State of Connecticut on the basis of reciprocity between the two States. It had the full support of the Committee on Medical Affairs of the House. The source of the opposition in the Senate has not been definitely traced so far. Another proposal bearing on the same subject and introduced in the House, would have amended the existing law regulating the practice of Naturopaths by withdrawing their authority for the practice of obstetrics and the use of biologicals.

Of interest to the profession generally, although the Association, as such took no active part in either of them, were the bill to distribute the surplus in the State Treasury under which the appropriations for the expansion of the Medical College would have been increased to $3,100,000.00, and that to establish a Statewide Cancer Clinic at the Medical College, and providing for total appropriation for the same of $500,000.00, not more than $50,000.00 of it to be expended in the first year. The latter measure was passed and became law. The bill under which the Medical College would receive $3,100,000.00 for use in its expansion program, was passed but the session adjourned before the three legislative days allowed the Governor for his action had expired. Therefore he has until the beginning of the Session of 1948 to sign or veto the Act. As this is written, he has not indicated what he will do and there is diversity of opinion as to what the final result will be. Another measure however to remove the requirement included in the 1946 Act for the matching of any State funds by Federal funds was enacted into law.

THE PRESIDENT'S MESSAGE

To the Congress of the United States:

Healthy citizens constitute our greatest national resource. In time of peace, as in time of war, our ultimate strength stems from the vigor of our people. The welfare and security of our Nation demand that the opportunity for good health be made available to all, regardless of residence, race, or economic status.

At no time can we afford to lose the productive energies and capacities of millions of our citizens. Nor can we permit our children to grow up without a fair chance of survival and a fair chance for a healthy life. We must not permit our rural famiiles to suffer for lack of physicians, dentists, nurses, and hospitals. We must not reserve a chance for good health and a long productive life to the well-to-do alone. A great and free nation should bring good health care within the reach of all its people.

In my message to Congress on November 19, 1945, I said that every American should have the right to adequate medical care and to adequate protection from the economic threat of sickness. To provide this care and protection is a challenging task; requiring action on a wide front.

I have previously outlined the long-range health program which I consider necessary to the national welfare and security. I say again that such a program must include:

1. Adequate public-health services, inculding an expanded maternal and child-health program.

2. Additional medical research and medical education.

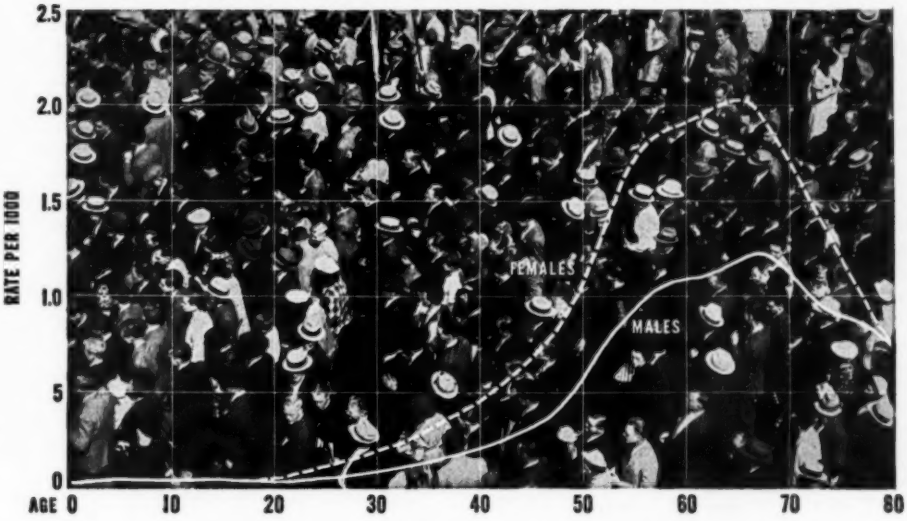
3. More hospitals and more doctors—in all areas of the country where they are needed.

4. Insurance against the costs of medical care.

5. Protection against lost of earnings during illness.

WITHIN THE YEAR: 50,000 new diabetics

CHANCES PER THOUSAND OF BECOMING DIABETIC WITHIN THE YEAR OF AGE. Adapted from Statistical Bull.[2]



Of our present population, about 4,000,000 will become diabetic sometime in their lives. More than 4% of females and 2% of males under 50 will acquire the disease. With an increase of 50,000 a year, their number will grow in the next few decades at a rate greater than that of the total population. When our population reaches its expected maximum in 1985, it will be 22% larger than in 1940—but by then the diabetic population may increase by 74%![1,2]

Control with but *one injection a day* of 'Wellcome' Globin Insulin with Zinc has been made possible for many diabetic patients who formerly required *multiple injections* of regular insulin alone or in conjunction with protamine zinc insulin. Favorable results with Globin Insulin have been achieved by virtue of the following advantages:

1. The action of Globin Insulin is *intermediate* between that of regular and protamine zinc insulin.

2. Its onset of action is moderately rapid; no accompanying injection of regular insulin is ordinarily required to take care of breakfast carbohydrate.

3. Maximum activity of Globin Insulin occurs during the day when the patient needs insulin most to balance carbohydrate intake. This contributes to a relatively uniform blood sugar level.

4. The action of Globin Insulin wanes during the night. Since the patient is not eating and has less need for insulin at this time, the danger of hypoglycemic night reactions is remote. However, adequate action persists up to the 24th hour so that a normal fasting blood sugar level is ordinarily obtained the following morning.

5. The globin constituent does not appear to be allergenic. It is thus comparable to regular insulin in its freedom from allergic reactions.

6. Globin Insulin is a clear solution which requires no mixing or shaking before use. The danger of variable dosage is thereby minimized.

'Wellcome' Globin Insulin with Zinc is available in 40 and 80 units per cc., in vials of 10 cc. Accepted by the Council on Pharmacy and Chemistry, American Medical Association. Developed in The Wellcome Research Laboratories, Tuckahoe, New York. U.S. Patent No. 2,161,198.

1. Spiegelman, M., and Marks, H. H.: Am. J. Pub. Health 36:26 (Jan.) 1946. 2. Statistical Bull., Met. Life Ins. Co. 27:6 (Feb.) 1946.

'Wellcome' Trademark Registered

'WELLCOME' Globin Insulin WITH ZINC

BURROUGHS WELLCOME & CO. (U.S.A.) INC., 9 & 11 EAST 41ST STREET, NEW YORK 17, N.Y.

I am pleased to observe that important advances were made by the last Congress toward realization of some of the goals which I set forth in my earlier message. But we must not rest until we have achieved all our objectives. I urge this Congress to enact additional legislation to authorize the program I have outlined, even though the fulfillment of some aspects of it may take time.

Our public-health services—Federal, state, and local —provide our greatest and most successful defense against preventable diseases. But in many States, cities and counties in America, limited funds reduce the work of our public-health services to a dangerously inadequate level. Public services related to maternal and child health were expanded by the Seventy-ninth Congress, through amendments to the Social Security Act. This action was gratifying, but the long-range need for additional health services for children and expectant mothers, and for care of crippled or otherwise physically handicapped children, should be carefully studied by the Congress.

The Nation's medical-research programs must in the future be expanded so that we can learn more about the prevention and cure of disease. The Congress has already recognized this by providing for research into the causes of cancer and mental diseases and abnormalities. Further dividends will accrue to our Nation—and to our people—if research can point the way toward combating and overcoming such major illnesses as arthritis and rheumatic fever, and diseases of the heart, kidneys and arteries.

We still face a shortage of hospitals, physicians, dentists, and nurses. Those we have are unfairly distributed. The shortage of doctors, nurses and dentists can be met only through expanded educational opportunities. The shortage of hospitals will be met in part through the action of the last Congress which provided Federal aid for the construction of hospitals.

In the last analysis the patient's ability to pay for the services of physicians or dentists, or for hospital care, determines the distribution of doctors and the location of hospitals. Few doctors can be expected to practice today in sparsely settled areas or where prospective patients are unable to pay for their services. Doctors tend to concentrate in communities where hospitals and other facilities are best and where their incomes are most secure. The unequal distribution of doctors and hospitals will plague this Nation until means are found to finance modern medical care for all of our people.

National health insurance is the most effective single way to meet the Nation's health needs. Because adequate treatment of many illnesses is expensive and its cost cannot be anticipated by the individual, many persons are forced to go without needed medical attention. Children do not receive adequate medical and dental care. Symptoms which should come early to the attention of a physician are often ignored until too late. The poor are not the only ones who cannot afford adequate medical care. The truth is that all except the rich may at some time be struck by illness which requires care and services they cannot afford. Countless families who are entirely self-supporting in every other rsspect cannot meet the expense of serious illness.

Although the individual or even small groups of individuals cannot successfully or economically plan to meet the cost of illness, large groups of people can do so. If the financial risk of illness is spread among all our people, no one person is overburdened. More important, if the cost is spread in this manner more persons can see their doctors, and will see them earlier. This goal can be reached only through a national medical-insurance program, under which all people who are covered by an insurance fund are entitled to necessary medical, hospital, and related services.

A national health insurance program is a logical extension of the present social-security system which is so firmly entrenched in our American democracy. Of the four basic risks to the security of working people and their families—unemployment, old age, death and sickness—we have provided some insurance protection against three. Protection against the fourth —sickness—is the major missing element in our national social insurance program.

An insurance plan is the American way of accomplishing our objective. It is consistent with our democratic principles. It is the only plan broad enough to meet the needs of all our people. It is—in the long run—far less costly and far more effective than public charity or a medical dole.

Under the program which I have proposed patients can and will be as free to select their own doctors as they are today. Doctors and hospitals can and will be free to participate or to reject participation. And a national health insurance plan can and should provide for administration through State and local agencies, subject only to reasonable national standards.

Finally, I should like to repeat to the Congress my earlier recommendation that the people of America be protected against loss of earnings, due to illness or disability not connected with their work. Protection against temporary disability is already provided by two States and is being considered in others. Comprehensive disability insurance should exist throughout the Nation. It can and should be a part of our social insurance system.

The total health program which I have proposed is crucial to our national welfare. The heart of that program is national health insurance. Until it is a part of our national fabric, we shall be wasting our most precious national resource and shall be perpetuating unnecessary misery and human suffering.

Nourishing food

Southern Dairies
Sealtest
ICE CREAM
THE MEASURE OF QUALITY

Yes, there's a lot of good sound nourishment, as well as enjoyment, in Sealtest Ice Cream. In addition to Vitamin A and calcium it is rich in the other minerals, vitamins and protein of fresh cream and milk needed by everybody. Besides, it contains 10 important Amino Acids.

Tune in the Sealtest Village Store, starring Jack Haley, Thursday Evenings, NBC

I urge the Congress to give immediate attention to the development and enactment of national health and disability insurance programs.

HARRY S. TRUMAN

The White House, May 19, 1947.

---

*CANCER CONTROL PROGRAMS

The Problem

The growing interest in cancer control has resulted in increased activity on the part of the American Cancer Society and the United States Public Health Service. The American Cancer Society has reorganized and is now conducting a concentrated drive for funds to be used in the promotion of cancer control programs. The United States Publis Health Service has been allotted $2,500,000 for the year ending July 1, 1947, to increase its activity in the field of cancer control. With these new funds available, funds which will probably increase in the future, it is necessary to determine how, for what, and under whose guidance they are to be expended.

Recognizing a need for further explanation of both programs, the House of Delegates (December 1946 session) directed the Council on Medical Service "to communicate with each of the constituent state associations urging them to place themselves in contact with those agencies which have under their care the disbursal of federal funds for the control of cancer, to the end that these funds may be administered wisely and with the cooperation of the practicing physicians of the several states," and directed "that announcement be sent to all county and state medical societies of this approval (of the Service Program of the American Cancer Society), and that such an announcement specifically state that *no cancer centers should be opened or operated under the auspices of the American Cancer Society without the local medical society approval.*"

Both of these directives were carried out in a special News Letter (February 4, 1947), the Council here presents a detailed picture of the American Cancer Society Program and the U.S.P.H.S. Cancer Program.

The American Cancer Society Program

Objective

The Promotion of Methods for the Control of Cancer.

Through (A) Maximum use of present methods of prevention, diagnosis, and treatment; and

(B) Research for methods of prevention, diagnosis, and treatment.

These Programs Developed

Three avenues of approach have been utilized in accomplishing the above objective: An Educational Program; A Research Program, and a Service Program.

The Educational Program.—The program of education of the American Cancer Society has been in operation for many years. It has been extensive rather than intensive. The main purpose has been to teach people the value of seeking early diagnosis and treatment for cancer. This program will continue and be intensified as additional funds are obtained. A recent development within the educational program has been the Cancer Society's interest in subsidizing educational opportunities for physicians. In such projects funds will be provided for special postgraduate work in the field of cancer.

The Research Program.—Cancer Society funds for research in the field of cancer are available through the advisory body of the National Research Council Committee on Growth.

The Service Program.—This program has been developed to supplement the education and research activities of the Cancer Society. Its purpose is the improvement of existiing facilities and the support of new facilities for the detection, diagnosis and treatment of cancer.

The Service Program

Dr. James R. Miller has listed the underlying principles of the service program which should be kept in mind as

1. Cancer is only one of the diseases which need a program.
2. The Service program must be experimental.
3. The program must be on a professional level.
4. It must encourage the widest possible use of the regular physical examination.
5. It must assist and not compete with practitioners of medicine.
6. It must have the approval of the county medical associations.

The details necessary in carrying out this program will continue to be worked out as experience is gained and will vary with the needs and desires of the local communities.

Steps in Developing the Service Program

The *first step* in the development of a service program is the appointment of a State Service Committee by the Executive Committee of the State Division of the American Cancer Society. The chairman of this committee should be a physician who is a member of the State Medical Society Cancer Committee, if one exists. *It is, therefore, necessary that each state medical society create a cancer committee.* This committee should act not merely as an advisory committee to the State Service Committee of the Cancer Society but should actually be a part of that committee. It should stimulate the creation of cancer committees at the county society level.

The *second step* is the creation of County Medical Society Cancer Committees. Since no local unit of the American Cancer Society may proceed without the knowledge and approval of the county medical society, it is necessary for each County Medical Society, in which local funds are raised for this

*Recent release Council on Medical Service, A.M.A.

KUHLMAN KAST KUTTER

Most Inexpensive and Satisfactory Cast Cutter ever manufactured for light casts such as arm and foot—Not recommended for body or heavy limb casts—Ideal for the General Practitioner. Designed to prevent injury to patient—Overall length 14½"—Ratio 25 to 1. Weight only 1 lb. 7 oz.

Price only $18.00

(No increase over Pre-war)

WINCHESTER

"Carolina's House of Service"

Winchester Surgical Supply Co.
106 East 7th Street, Charlotte, N. C.

Winchester-Ritch Surgical Co.
111 North Greene St., Greensboro, N. C.

EDGEWOOD A SANATORIUM

Devoted to the Individual Care of Nervous and Mental Disorders Located on Two Notch Road Near the Golf Course and Polo Fields.

ORIN R. YOST, M.D.
Medical Director **Phone 47**
AIKEN, SOUTH CAROLINA

purpose, to create a County Medical Society Cancer Committee. This Committee would advise and act upon all projects of the local unit of the American Cancer Society.

The *third step* of a service program is cooperation between the State Service Committee of the American Cancer Society and the Cancer Committe of the State Medical Society on the one hand and cooperation between the local unit of the American Cancer Society and the Cancer Committee of the County Medical Society on the other.

The *fourth step*, once these committees have been created and cooperation established, is a survey of the state or local area to determine the existing and needed facilities in the field of cancer control. The service department and the statistical department of the National Headquarters of the American Cancer Society are prepared to give advice regarding the manner of conducting these surveys. Do not hesitate to call on them.

The *fifth step*, once the facilities and needs of the state and local areas have been determined, is to prepare specific plans for indicated projects. Requests for financial support for such projects are made direct to the State Executive Committee of the State Division of the American Cancer Society. It behooves the County Medical Society Cancer Committee not only to advise on and approve cancer control projects but also to participate in their development. This will protect both the public and the medical profession from unsound ideas.

The *sixth and final step* in the service program is the organization and development of the projects.

CORRESPONDENCE

Dr. J. P. Price

Editor S. C. Medical Journal

Florence, S. C.

Dear Sir:

May I express through the pages of the Journal my sincere appreciation for the courtesies shown me as an Exhibitor by the physicians of South Carolina during your recent Convention at Myrtle Beach.

Judging from the favorable comments, I am sure I speak for the other Exhibitors when I thank you physicians for your invitation to the dances and for the excellent luncheon held in our honor. The short talks given by Drs. McLeod, McDonald and Mr. Meadors were enjoyed by us all. I am,

Yours Very Truly,

David M. Burns,
Eli Lilly & Co.

NEWS ITEMS

Dr. Jack D. Parker and Dr. H. M. Allison have formed a partnership for the practice of obstetrics and gynecology. Both have been practicing independently in Greenville for a number of years.

Dr. E. W. Tucker, who formerly practiced in Johnston, has become associated with Dr. C. E. Crosby in Greenwood. Their practice is limited to eye, ear, nose and throat work.

Dr. W. S. Bethea of Latta announces the association with him in the general practice of medicine of Dr. J. D. Middlemas of Charleston.

Dr. Pierre F. LaBorde, Jr., recently discharged from active duty in the United States Navy, has opened an office in Columbia.

WAVERLEY SANITARIUM, INC.

(Founded in 1914 by Dr. and Mrs. J. W. Babcock)

HOSPITAL FOR CARE AND TREATMENT OF NERVOUS AND MENTAL DISEASES

Specializing In Electric Shock Therapy

DR. CHAPMAN J. MILLING, Medical Director

2641 Forest Drive **Columbia, S. C.**

For reservation call: Superintendent 2-4273

Reminding people to "See Your Doctor"

Parke, Davis & Company believes that people need to be constantly reminded of the value of prompt and proper medical care. Educational advertisements—like the latest one, reproduced below—appear regularly, in color, in LIFE and other national magazines. Audience: more than 22 million people!

Some things you should know about "stomach ulcers"

No. 204 in a series of messages from Parke, Davis & Co. on the importance of prompt and proper medical care.

DURING recent years there has been a sharp increase in the incidence of ulcer of the stomach.

Some doctors report that within eight years ulcer cases have increased by as much as 100%.

Though the exact cause of stomach ulcer is still unknown, it has been observed most frequently among people subject to nervous tension and anxiety—about four times as frequently among men as among women.

Fortunately, doctors today have a number of effective methods of treatment at their command.

Improved drugs have been developed to relieve pain and hasten healing. With modern methods of treatment, fewer restrictions are placed on the ulcer patient. Under proper medical supervision, the ulcer patient today can generally lead a nearly normal life. Seldom nowadays do doctors find it necessary to prescribe as rigid a regimen as was formerly indicated.

Your doctor keeps in constant touch with the new developments in ulcer therapy. His own experience and his understanding of the individual patient enable him to choose the treatment best suited to each case.

Stomach ulcers seldom develop without warning. A common symptom is stomach pain several hours after meals, or during the night. But any regularly recurring abdominal pain should be considered a signal that something may be wrong. And your best chance to escape serious trouble and lengthy illness lies in getting medical attention immediately.

SEE YOUR DOCTOR! If you have frequent stomach pains or "indigestion," don't dose yourself. You may get temporary relief from your symptoms, but the medication you use may actually make your ailment worse. See your doctor and let him decide the cause of your trouble. He alone is qualified to diagnose your case and recommend treatment. Ask his help at the first sign of something wrong.

COPYRIGHT 1947—PARKE, DAVIS & COMPANY

Makers of medicines prescribed by physicians

PARKE, DAVIS & CO.

Research and Manufacturing Laboratories • Detroit 32, Mich.

WOMAN'S AUXILIARY
SOUTH CAROLINA MEDICAL ASSOCIATION

President: Mrs. D. F. Adcock, Columbia, S. C. Publicity Secretary: Mrs. Kirby D. Shealy, Columbia, S. C.

Mrs. D. F. Adcock, Columbia
President—1947-48

PRESIDENT'S MESSAGE

In assuming the direction of the Woman's Auxiliary to the South Carolina Medical Association I find myself confronted by an almost overwhelming responsibility. However, I take encouragement from the excellence of the officers elected to serve with me, and from the splendid group of women who have agreed to serve as chairmen of standing committees. I take pleasure in announcing the appointment to these committees of the following women, whom you will find always ready and glad to assist you with helpful suggestions.

Parliamentarian: Mrs. W. H. Folk, Spartanburg

Legislative: Mrs. H. L. Timmons, Columbia

Publicity Secretary: Mrs. Kirby D. Shealy, Columbia

Jane Todd Crawford Memorial: Mrs. J. H. Crooks, Greenville

Public Relations: Mrs. L. E. Madden, Columbia
Hygeia: Mrs. E. O. Hentz, Anderson
Membership: Mrs. J. A. Johnson, Marion
Bulletin: Mrs. James Gressette, Orangeburg
Post War Planning: Mrs. Gaston Quantz, Rock Hill
Corresponding Secretary: Mrs. James M. Timmons, Columbia.

Another year of activity stretches before us, challenging us to more intense efforts and to greater accomplishments. With four new auxiliary units and an increase of 189 members over last year there is every reason to believe the Auxiliary will go forward with greater strides toward attainment of the goal for the year, "Accomplishment through cooperation," which may be reached by:

1. Creating a closer bond between the Medical Association and the Woman's Auxiliary.

2. Striving to promote friendliness among the families of doctors.

3. Continuing to increase membership, with special emphasis on soliciting members-at-large.

4. Impressing upon members the importance of becoming informed, which will tend to stimuate interest in various community problems.

If 1947 is to be a year of accomplishment it is most important that we gain strength in numbers. The increased appreciation and confidence of the Medical Association, as expressed during the past year deepens our sense of responsibility and increases the desire to include in membership every eligible woman in the state. To increase our membership is to enlarge our potential influence. In working together we accomplish together.

If we are to realize our aims as an Auxiliary to the South Carolina Medical Association let us stop for a moment to study the objectives as set forth in the constitution. Let us consider our achievements and failures in the light of these objectives:

1. Through its members to extend the aims of the medical profession to all organizations which look to the advancement of health and education.

2. To assist in the entertainment of all South Carolina Medical Association conventions.

3. To promote acquaintanceship among physician's families that fellowship may increase.

4. To maintain a Student Loan Fund for doctor's sons and daughters.

5. To do such work as may be approved by the South Carolina Medical Association.

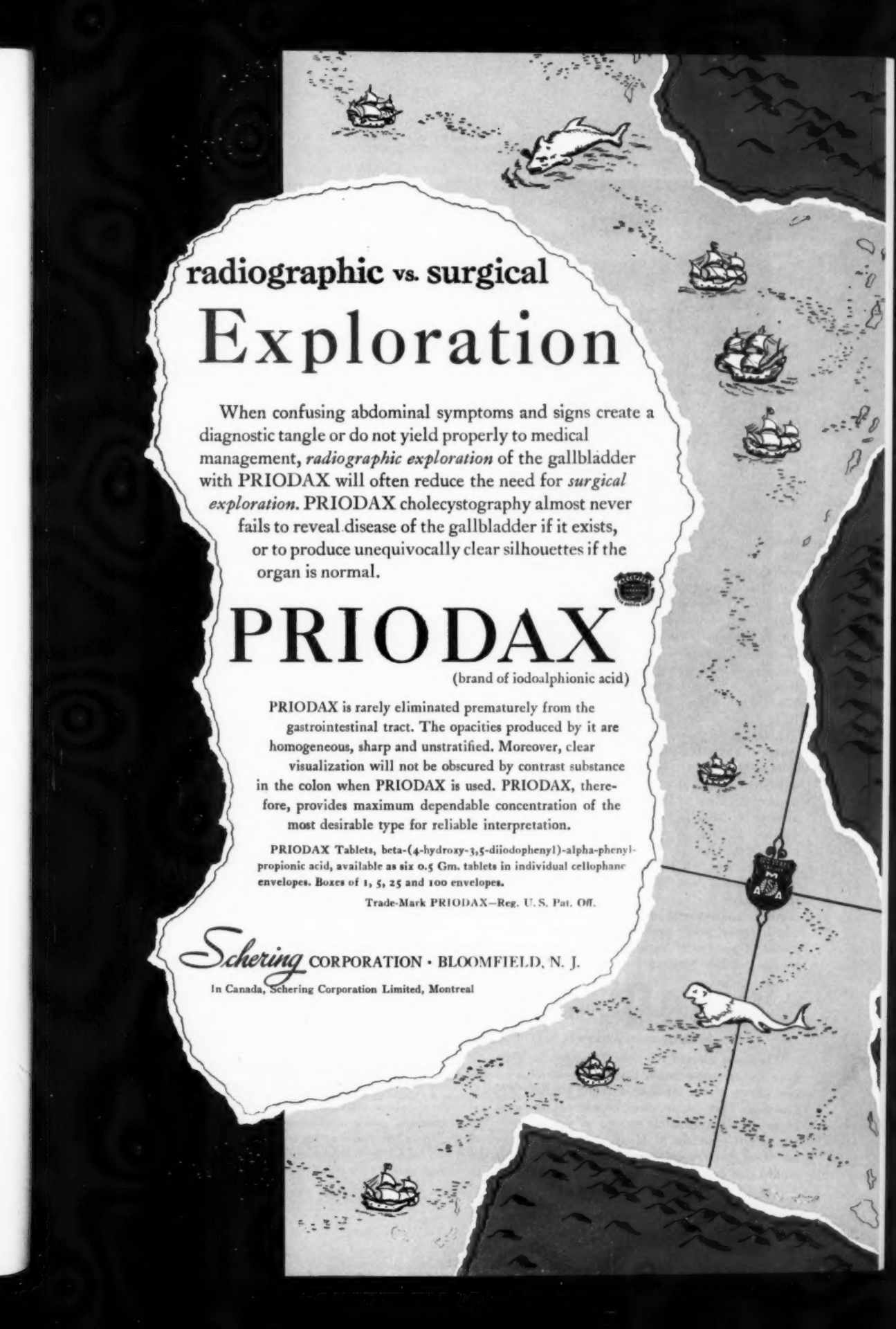
In order to accomplish these objectives it is necessary to have a membership large enough to carry the load. Let us strive for continued organization of unorganized counties, try to stimulate interest over the state among all doctor's wives and encourage women in counties in which there are no medical societies to become members-at-large.

The Auxiliary is grateful to Dr. McLeod and the South Carolina Medical Association for the Quarterly Bulletin, prepared and published primarily for the Woman's Auxiliary. It is pleasing to have Dr. Harrison H. Shoulders, president of the American Medical Association advocate a closer unity between the Medical Association and the Woman's Auxiliary. This has long been the wish of the Auxiliary!

In order to place authentic health information before the public continued effort will be exerted in promoting the circulation of Hygeia, the health magazine. For interested, active, informed members the Bulletin, the Auxiliary's own publication, is an invaluable aid—particularly to county presidents. May South Carolina's subscription list be increased substantially.

In addition to the program of the Woman's Auxiliary special emphasis will be placed on:

1. The Ten Point Program
2. Child Health and Health Education
3. Rural Health Problems
4. Supplying schools with compulsory sickness debate material as suggested by the American Medical Association.



radiographic vs. surgical

Exploration

When confusing abdominal symptoms and signs create a diagnostic tangle or do not yield properly to medical management, *radiographic exploration* of the gallbladder with PRIODAX will often reduce the need for *surgical exploration.* PRIODAX cholecystography almost never fails to reveal disease of the gallbladder if it exists, or to produce unequivocally clear silhouettes if the organ is normal.

PRIODAX®

(brand of iodoalphionic acid)

PRIODAX is rarely eliminated prematurely from the gastrointestinal tract. The opacities produced by it are homogeneous, sharp and unstratified. Moreover, clear visualization will not be obscured by contrast substance in the colon when PRIODAX is used. PRIODAX, therefore, provides maximum dependable concentration of the most desirable type for reliable interpretation.

PRIODAX Tablets, beta-(4-hydroxy-3,5-diiodophenyl)-alpha-phenyl-propionic acid, available as six 0.5 Gm. tablets in individual cellophane envelopes. Boxes of 1, 5, 25 and 100 envelopes.

Trade-Mark PRIODAX—Reg. U. S. Pat. Off.

Schering CORPORATION · BLOOMFIELD, N. J.

In Canada, Schering Corporation Limited, Montreal

Further, the Woman's Auxiliary pledges its fullest support to the South Carolina Medical Service Plan, and to any program adopted by the Medical Association. As an Auxiliary to that organization we can function only upon approval of our Medical Advisory Board. We welcome an opportunity to be of service.

The record number of 227 ladies who registered for the annual convention of the Woman's Auxiliary to the South Carolina Medical Association at Mytrle Beach on May 7 was entertained with traditional Pee Dee hospitality by the Pee Dee Medical Society and its newly formed auxiliary. Mrs. S. Harry Ross of Anderson, president, presided over the House of Delegates and the program meeting which followed. Greetings from the South Carolina Medical Association were brought by Dr. James McLeod of Florence, president, and Dr. Olin B. Chamberlain of Charleston, president-elect. Special guests at the convention were Mrs. Wilely Buffington of New Orelans, president of the Woman's Auxiliary to the Southern Medical Association, and Mrs. Eustace H. Allen of Atlanta, president-elect of the Woman's Auxiliary to the American Medical Association, both of whom addressed the convention. At the conclusion of the program meeting Mrs. Ross presented the gavel to Mrs. D. F. Adcock of Columbia, the incoming president, who graciously responded and announced the committee chairmen for the year. Other officers elected to serve with Mrs. Adcock were Mrs. P. M. Temples of Spartanburg, president-elect, Mrs. A. F. Burnside of Columbia, first vice-president, Mrs. L. P. Thackston of Orangeburg, second vice-president, Mrs. R. L. Sanders of Columbia, recording secretary, Mrs. J. L. Sanders of Greenville, treasurer, Mrs. J. R. Des Portes of Fort Mill, historian, and the following councillors: Mrs. Robert B. Gantt of Charleston, district number 1, Mrs. W. C. Abel of Columbia, district number 2. Mrs. S. Harry Ross of Anderson, district number 4, Mrs. J. L. Bundy of Rock Hill, district number 5, Mrs. W. R. Mead of Florence, district number 6, Mrs. D. O. Winter of Sumter, district number 7, Mrs. H. M. Eargle of Orangeburg, district number 8, and Mrs. W. H. Folk of Spartanburg, district number 9.

After adjournment a luncheon was enjoyed at which honor guests and past presidents were introduced. A number of beautiful door prizes were given by the Pee Dee Medical Society.

REPORT OF RETIRING PRESIDENT

Mrs. S. Harry Ross, Anderson, S. C.

When you elected me your President in 1945 you gave me an organization that has been built by the best efforts of the intellect of many women in South Carolina. This organization is one of the most influential and worthwhile groups in our country. We are indeed proud of it! Many of you who sit before me have given even more than you realize in the building of everlasting good to humanity. Your President is glad to be a part of this fine structure and it has been a real joy to serve you. Your cooperation and helpful suggestions have made it a pleasure. My thanks to each of you.

"SERVICE TO OTHERS" our aim for the year has been accepted by all the auxiliaries and has been followed faithfully. The programs of each auxiliary have followed as closely as possible the projects suggested by the national chairman. Special emphasis being placed upon the requests that study groups be formed to give information to the officers of their duties and obligations. Your President has asked that this request be carried out as the knowledge gained will be most helpful to your officers and beneficial to the auxiliary.

Our Legislative Chairmen have kept us informed on all legislative matters both national and local.

Literature requested from the council on Medical Service was placed in schools and libraries for study and debate. Much information and interest has been aroused through the use of this literature.

Subscriptions to the Bulletin and Hygeia have increased over previous years, Pickens and Spartanburg receiving national recognition for their subscriptions to Hygeia.

The Public Relations Chairmen have cooperated and the auxiliaries have affiliated with all organizations for the promotion of health.

The National Health Program has been proomted. Special emphasis being given to the health of our youth, hot lunches in our schools being stressed. Your President has attended many meetings and has seen the auxiliaries grow from seven to eleven auxiliaries. In all we have nineteen counties organized. We have a paid membership of 422, an increase of 206 members since last year. Edisto is composed of three counties and the Pee Dee of seven counties. Your Persident has visited with seven auxiliaries and been delighted with their enthusiasm and the work accomplished by them.

Your President attended the National Conference of State Presidents and Presidents-Elect held in Chicago in December. She considered this Conference very outstanding and helpful in many ways.

Through the generosity of the Medical Association, their president, Dr. James McLeod presented the Woman's Auxiliary with a thousand dollars to further the work of the organization. This gift is greatly appreciated and has been a wonderful help in promoting our work.

Doctor's Day was observed on March 30. This day being set aside each year to remind our doctors of our appreciation of them.

Your President wishes that every member of this organization could be President for one year. You somehow catch a glimpse into what is being done all over the states as regards a most vital undertaking and which is being done by the doctors' wives in a most noteworthy way.

Life expectancy

30 days?

Infant mortality during the first 30 days of life is on the *increase*. While the total infant mortality has been declining, the proportion of those who died within the first month *has actually increased* from 52.7% to 62.1%*. During this fatal first month the infant should be given every possible benefit. One step in the right direction is good feeding. In this way the gastro-intestinal hazards of excessive fermentation, upset digestion and diarrhea may be minimized.

'Dexin' has proved an excellent "first carbohydrate" because of its high dextrin content. It (1) resists fermentation by the usual intestinal organisms; (2) tends to hold gas formation, distention and diarrhea to a minimum, and (3) promotes the formation of soft, flocculent, easily digested curds.

Simply prepared in hot or cold milk, 'Dexin' brand High Dextrin Carbohydrate provides well-taken and well-retained nourishment. 'Dexin' *does* make a difference.

*Vital Statistics—Special Reports: Vol. 25, No. 12, National Office of Vital Statistics, Washington, D. C. (Oct. 15) 1946, p. 206.

HIGH DEXTRIN CARBOHYDRATE **'Dexin'** BRAND

Composition—Dextrins 75% • Maltose 24% • Mineral Ash 0.25% • Moisture 0.75% • Available carbohydrate 99% • 115 calories per ounce • 6 level packed tablespoonfuls equal 1 ounce • Containers of twelve ounces and three pounds • Accepted by the Council on Foods and Nutrition, American Medical Association. 'Dexin' Reg. Trademark

Literature on request

BURROUGHS WELLCOME & CO. (U.S.A.) INC., 9 & 11 East 41st St., New York 17, N. Y.

Your president recommends that Article 2, Section 4 of the Constitution be amended to include these words: (This Section concerns the Student Loan Fund) "or any worthy applicant for the study of medicine", so that the section will read: "To maintain a Student Loan Fund for doctors sons and daughters or any worthy applicant for the study of medicine."

In recommending this change, your President does not ask for a vote on it today, but gives it to you for your consideration and asks that it be voted on later.

This has been a pleasant, profitable and instructive year. Your President knows that she is a better and stronger woman for the experience. The writing of many letters has been strenuous at times but the contact and understanding of "the great woman heart of us all' has been very comforting. She shall enjoy this year in retrospection for we all look forward to the years of reward, that happy period of life when we have leisure to enjoy to the fullest the fruits of our earlier years of labor and of steadfast devotion to duty.

Your President hereby pledges her devoted loyalty to our new President and wishes for her a year filled with the rich reward that comes only through "SERVICE TO OTHERS".

DR. STEBBINS HEADS ARC ADVISORY BOARD

WASHINGTON, D. C.—Dr. Ernest Lyman Stebbins, director of the school of hygiene and public health and professor of public health administration of Johns Hopkins University, has been appointed chairman of the Advisory Board on Health Services of the American National Red Cross, Chairman Basil O'Connor has announced.

Dr. Stebbins succeeds Dr. Lewis H. Weed, head of the division of medical sciences, National Research Council, who will continue to serve on the Advisory Board as a member of the committee on medicine. In recognition of his past services, Mr. O'Connor presented Dr. Weed with a special Red Cross citation upon his retirement.

During 1946 Dr. Stebbins was commissioned to survey medical aspects of the American Red Cross civilian relief program in Europe. He tourned 16 countries and in conjunction with local medical authorities made recommendations for rebuilding their medical facilities. He also served as American Red Cross representative at a meeting of the medical Commission of the League of Red Cross Societies at Oxford, England.

Dr. Stebbins, a native of Iowa, is a graduate of Rush Medical College and holds a Masters degree in Public Health from Johns Hopkins University. He served as epidemiologist with the state health departments in Virginia and New York. He also served New York state as director of the division of communicable diseases and as assistant commissioner of health and held the post of health commissioner for New York City.

For several years prior to joining the Johns Hopkins University staff Dr. Stebbins was professor of epidemiology at the College of Physicians and Surgeons, Columbia University.

SHOWING the new FISCHER Model "FCW" Short Wave Apparatus equipped with the new FISCHER Adjustable Induction Electrode. Unequalled in convenience, performance and durability.

USE - APPROVED SHORT WAVE Unit

This remarkable new FISCHER short wave unit provides every up-to-the minute feature of advanced construction and operation. Built to perform with the wave bands allocated by the Federal Communications Commission. Steel cabinet. Affords all applications—use of all types of short wave electrodes. Precision built for long years of efficient service.

Ask for large fully illustrated and descriptive folder No. 3072.

L. A. RAGGIO, Representing

H. G. FISCHER & CO.

P. O. Box 583 Rock Hill, So. Car.

Allen's Invalid Home

FOR THE TREATMENT OF NERVOUS AND MENTAL DISEASES

GROUNDS 600 ACRES

Buildings Brick Fireproof - Comfortable Convenient - Site High and Healthful

E. W. ALLEN, M. D., Department for Men
H. D. ALLEN, M.D., Department for Women

Terms Reasonable

Established 1890

MILLEDGEVILLE, GA.

DEATHS

JAMES R. DESPORTES

Dr. James R. DesPortes, 69, died at his home at Fort Mill on June 2, 1947. A native of Ridgeway, S. C., Dr. DesPortes was graduated from the Medical College of the State of S. C. (Class 1900). His professional life was devoted to the general practice of medicine and it can be truly said that he was a family physician. He gave of his time and services unsparingly and during the recent War years when the younger men were serving in the armed forces, he carried on an amount of work which would have downed many a younger man.

Dr. DesPortes loved his profession and was interested in its activities. For many years he served as a member of Council, as Chairman of this body, and was then elected to the office of President of the Association. He was also a trustee of the Medical College of the State of S. C.

A man of firm conviction, indomitable perseverance, and a big heart, his advice and aid was sought by those who knew him. He was loved by his patients and his colleagues, and his passing has brought sorrow to his host of friends.

Dr. DesPortes is survived by his widow, the former Miss Lila Parker.

JOHN MORGAN SETTLE, M. D.

Dr. John Morgan Settle died on March 25th, 1947, after an illness of approximately three months. His death was due to complications arising from severe and extensive burns sustained in a tragic accident at his home on December 22nd, 1946.

John Morgan Settle was born April 16th, 1905, at Inman, S. C. He graduated from Furman University in 1925, and from the Medical College of the State of South Carolina in 1929. At the Medical College he served as President of the Student Body, and President of Theta Kappa Psi Medical Fraternity.

Completing an Internship of two years at Roper Hospital, he went to Great Falls, S. C., where he was in general practice for ten years. He began his specialty of Obstetrics and Gynecology by taking postgraduate work at the University of Pennsylvania during the 1940-41 session. He then returned to Roper Hospital for two years, acting as Resident of Obstetrics and Gynecology of Roper Hospital, and Teaching Fellow of Obstetrics and Gynecology of the Medical College of the State of South Carolina, from July 1941 to July 1943.

Dr. Settle, or John as he was widely known, was possessed of many qualities which won him the affection and respect of all who knew him. His honesty and sincerity were outstanding. His gentle kindness and thoughtfulness were disarming. His thoroughness, logical reasoning, skill, and natural ability gave distinction to his work. His love of his work and his devotion to ethical medicine were the opitome of his professional life. His personality and professional skill won for him the love, loyalty, and respect of the rich and the poor, the high nad the low, and the white and the colored.

Dr. Settle was a Diplomate of the American Board of Obstetrics and Gynecology, a Fellow of the American College of Surgeons, and a Fellow of the South Atlantic Association of Obstetricians and Gynecologists. He was a member of the Medical Society of South Carolina, of the Medical Association of South Carolina, and of the American Medical Association. He served as Associate in Obstetrics and Gynecology of the Medical College of the State of South Carolina. He was on the Visiting Staffs of Roper Hospital, St. Francis Xavier Infirmary, and Baker Memorial Sanatorium.

BE IT RESOLVED:

That in the death of Dr. Settle the medical profession has lost one of its most promising exponents, and this community will feel profoundly the loss of his professional ability and sympathetic service;

That a page in the Minute Book of the Medical Society of South Carolina be inscribed to his memory;

And that a copy of these Resolutions be sent to his family.

(Signed)

Edward F. Parker, M. D.

Henry W. de Saussure, M. D.

Gustave P. Richards, M. D.,
Chairman.

JOE H. KIRBY, JR.

Dr. Joe H. Kirby, Jr., 29, died in New Orleans on May 16 of acute leukemia. A native of Mullins, Dr. Kirby was graduated from Tulane Medical School in 1942, and following interneship at the Medical College of Va., he entered the army medical corps. Upon discharge from the army, he became associated with Dr. Wilbur Rogers of Loris in practice. Recently he had been awarded a four year fellowship in surgery in New Orleans.

A young physician of great promise, his death brought sorrow to friends and colleagues alike.

South Carolina Medical Association

1947-1948

Olin B. Chamberlain, M.D. ---------- President
Charleston

C. H. Blake, M.D. ---------- Vice-President
Greenwood

R. B. Durham, M.D. ---------- President-Elect
Columbia

Julian P. Price, M.D. ---------- Secretary-Treasurer
Florence

Mrs. Claude G. Watson ---------- Business Manager
Florence

COUNCILORS

First District
(Charleston, Colleton, Jasper, Dorchester, Berkeley, Beaufort)
J. W. Chapman, M.D. ---------- Walterboro, S. C.

Second District
(Edgefield, Aiken, Lexington, Richland, Saluda)
O. B. Mayer, M.D. ---------- Columbia, S. C.

Third District
(Laurens, Newberry, Greenwood, Abbeville, McCormick)
J. C. Sease, M.D. ---------- Little Mountain, S. C.

Fourth District
(Anderson, Greenville, Oconee, Pickens)
J. B. Latimer, M.D. ---------- Anderson, S. C.

Fifth District
(Chester, Kershaw, Lancaster, York, Fairfield)
Roderick MacDonald, M.D., Chairman ---------- Rock Hill, S. C.

Sixth District
(Florence, Darlington, Chesterfield, Marlboro, Dillon, Marion, Horry)
J. Howard Stokes, M.D. ---------- Florence, S. C.

Seventh District
(Clarendon, Georgetown, Lee, Sumter, Williamsburg)
C. P. F. Baker, M.D. ---------- Sumter, S. C.

Eighth District
(Allendale, Bamberg, Barnwell, Calhoun, Hampton, Orangeburg)
L. P. Thackston, M.D. ---------- Orangeburg, S. C.

Ninth District
(Spartanburg, Union, Cherokee)
W. W. Boyd, M.D. ---------- Spartanburg, S. C.